Lectures
ON
THE PRINCIPLES AND PRACTICE OF MEDICINE.

Delivered at University College Hospital,

BY WILLIAM JENNER, M.D., F.R.S.,

PHYSICIAN IN ORDINARY TO HER MAJESTY THE QUEEN AND TO H.R.H. THE PRINCE OF WALES; PROFESSOR OF MEDICINE IN UNIVERSITY COLLEGE, AND PHYSICIAN TO UNIVERSITY COLLEGE HOSPITAL; LATE PHYSICIAN TO THE HOSPITAL FOR SICK CHILDREN, ETC. ETC.

LECTURE I.—PART II.

ON BRIGHT'S DISEASE.

General facts in morbid anatomy bearing on the interpretation of the lesions of structure of the kidney in Bright's disease.
Method of examining the size &c. of the kidneys.
Special pathological conditions of the kidney which may to lead Bright's disease.
Passive congestion the result of mere mechanical impediment to the return of blood from the kidneys, and its consequences.
Passive congestion the consequence of feeble action of the heart, &c.
Active congestion, or the first stage of inflammation of the kidney.
The second or exudative stage of inflammation of the kidney.
Description of the kidney when the seat of the foregoing pathological states.

General facts in morbid anatomy bearing on the interpretation of the lesions of structure of the kidney in Bright's disease.—Let me now direct your attention to certain general facts in morbid anatomy which have an important bearing when interpreting the morbid anatomy of the kidney in Bright's disease.

During life, such portions of animal structures as are not absorbed when they cease to be duly nourished, either calcify (i. e., petrify), or they undergo, first granular disintegration, and then fatty metamorphosis, or degeneration as it is called. Chondrin and gelatin yielding structures more commonly calcify; protein compounds more commonly experience disintegration and fatty degeneration. In the last case there is a re-arrangement of the ultimate elements of the part, carbonate of ammonia and olein being the results. The protein compounds which experience these changes may be physiological or pathological structures or products. The cells of the kidney, the blood, the vessels, are all physiological structures, made up more or less of protein compounds; and it is matter of observation that, when any of these parts are so damaged as to cease to perform function, they undergo granular disintegration and fatty metamorphosis.

Lymph, a pathological product, when exuded into the kidney and not developed into tissue, undergoes the same disintegration and metamorphosis.

Varieties of lymph.—Under the word lymph are included various protein exudation matters.

One variety of lymph, quickly after it is exuded, disintegrates, forming innumerable molecular granules, which themselves rapidly undergo fatty degeneration.

Another variety of lymph has for its great characteristics rapid diminution of bulk, or contraction, forming itself, as it contracts, into imperfect fibres.

A third variety retains its transparency, homogeneousness, and bulk for a very long period.

And a fourth variety developes or is developed into those fibre-cells which Lebert so well described, and to which he gave the name of fibro-plastic corpuscles and fibres.

The exciting cause of the pathological lesion on which the exudation depends, the part into which the exudation occurs, the rapidity with which it takes place, and the constitutional state of the patient at the time it exudes, all appear to have an influence in determining the special variety of lymph that shall be exuded in any given case. And as several of these conditions vary during the same illness, you will understand why it is that although one or other of these forms of exudation may preponderate in any given case, the others in less quantity are found commingled with it.

For the sake of brevity, we may designate the
1st variety Granular lymph.
2nd ,, Contractile lymph.
3rd ,, Albuminoid lymph.
4th ,, Fibro-plastic lymph.

These varieties of lymph present another difference of great pathological importance—viz., that while the first and the third have considerable penetrating or transuding power, and therefore infiltrate every texture in their vicinity, the second and fourth have, like the blastema of tubercle, very little penetrating power, and are found near only to the part at which they have been exuded—they do not infiltrate the textures in their vicinity.

To determine during life the size, tenderness, &c., of the kidneys.—In a perfectly healthy but moderately thin person the kidneys may be readily felt by the hand. The left, partly from its being longer, is more easily handled than the right. Neither tenderness nor moderate enlargement can (except in the very fat) escape detection. To feel the left kidney you place the fingers of the right hand directly under the last rib, *just* outside the *mass* of lumbar muscles, and the points of the fingers of the left hand *just* inside the corresponding spot in front; the kidney is between the two. Depress the fingers of the left hand, and at the same time raise the points of the fingers of the right hand, and you will have no difficulty in feeling the kidney, in defining its outline, its mobility, &c. This mode of palpation is far more practically useful than is percussion for determining the size of the kidneys.

Special pathological conditions of the kidney which may lead to Bright's disease.—I proceed to pass in review those lesions of structure which affect every part of both kidneys, and which, if not rapidly cured by nature or by art, are accompanied by albumen in the urine, by anasarca, and by retention of the urinary elements in the blood.

Congestion.—Although now and then some tumour, as the gravid uterus, presses on the renal veins, and so mechanically causes over-filling of the veins of the kidney, still by far the most common cause of this form of passive congestion is impediment to the circulation through the heart and lungs.

When the blood is unable to escape freely from the veins of any organ, the first vessels to yield to the pressure of the blood on their inner surface are those which have the thinnest coats and are the least supported by the textures in which they are imbedded. The capillaries of the Malpighian bodies are at once the thinnest coated and the least supported of any part of the vascular system of the kidney.

Incomplete impediment to the return of blood from the kidney has, then, as its first perceptible result, over-filling of the capillaries of the Malpighian bodies; if the impediment continue, then the stretched walls of the vessels permit serosity poor in albumen to escape. The impediment being continued, the next result is the escape of serosity containing more albumen and some fibrin in solution—i. e., of liquor sanguinis poor in fibrin; and the impediment continuing, the final result is rupture of the over-stretched walls of the vessel.

If the impediment be considerable and rapidly formed, then rupture of the over-filled vessel is the almost immediate result; the rule being that the more gradually the impediment is formed the less likely is rupture to occur. The state of the blood has a decided influence in determining the character of the effusion; for if the patient be very anæmic (or, to use the last-devised name for what we formerly called anæmic—oligo-erythro-cythæmic and hydræmic), then the escape of serosity is considerable, the serosity of watery blood, poor in red corpuscles, readily escaping through the walls of the capillaries. On the other hand, if the blood be rich in red corpuscles, then rupture of the capillaries is one of the earliest consequences of a very moderate amount of impediment.

Casts of tubes; blood-casts.—When blood is extravasated into the tubules of the kidney, some portion at least coagulates before its escape into the pelvis of the organ; coagulates, that is to say, in the tubules. The fluid poured out by the vessels of the Malpighian washes out the coagula so formed, and the expelled coagula are to be detected with the aid of the microscope in the urine. As these little coagula are moulded to the inside of the tubules, they are of the shape and diameter of the tubules in which they are formed. They are therefore really casts of the tubules. Their diameter will vary accord-

ing as the tubules of which they are casts are denuded of their epithelial lining or not, and according as they are formed in tubules of the cortex or of the pyramids.

Their number will vary with the quantity of the fibrin or blood effused, the number of the Malpighian bodies from which it has escaped, and the rapidity with which the blood coagulates, and with the pressure exerted on them by the fluid poured out from the vessels of the Malpighian bodies.

If the fibrin adhere, as it sometimes does, to the cells lining the tubules, then those cells may come away with the coagulum, and constitute a great portion of the cast. If a little serosity escape from the portal capillaries, and then pass, as it must, through the basement membrane of the tubules, it will loosen the attachment of the cells to that membrane and to each other, and so favour their expulsion. Again, after serosity has passed for some time through the tubules, the cells will be to some extent infiltrated by it, their structure will be damaged, and their function impaired.

The coagula retained in the tubules, the cells damaged by albumen passing into them, the cells the attachment of which has been loosened, and the basement membrane itself injured by the passage of the albuminous fluid, will all, in accordance with general laws, undergo granular disintegration and fatty degeneration.

Before leaving the subject of passive congestion, let me point out and impress on you that chronic impediment to the flow of blood through the lungs and heart is always intermitting in degree—now almost none, then extreme, then little, and again extreme; and the congestion dependent on this impediment must also intermit or remit.

Acute passive congestion of the kidney is not unfrequently the result of feeble action of the heart, gravitation, and a state of blood unfavourable to its passage through capillary tubes. In typhus fever, in typhoid fever, and in diseases of typhoid type generally, congestion of the kidney from these causes is not of uncommon occurrence. The kidneys are not the only parts which suffer congestion under the conditions mentioned; the posterior part of the lungs, and the skin of the back generally, suffer first. In the skin we see all the changes in the capillary circulation: a faint bluish tint of the surface, with a dusky hue of that of the back; then an almost purple colour of the skin of the back; and finally the latter is studded with petechiæ, or little extravasations of blood. If we press the fingers on the skin of the patient, we remove the blood from the compressed part, and cannot fail to be struck, not only with the change of colour, but also with the time that elapses before the blood re-enters the capillaries.

In these cases of passive congestion of the kidney blood is usually present in the urine, and albumen out of proportion to the quantity of blood. As the blood in diseases of very low type—e. g., so-called malignant typhus fever and erysipelas—is little disposed to coagulate, casts of tubes may be absent, or present in small numbers only.

Passive congestion of the kidney, especially the form last described, is very often followed by reaction and the establishment of active congestion, and finally of the exudative stage of inflammation. The lymph exuded is the granular variety. Nutrition being interfered with, granular disintegration of the contents of the cells occurs. When reaction occurs, a febrile disturbance of low type is the result of the state of the kidney and of the resulting uræmia, and the primary affection is apparently prolonged beyond the date at which it should have terminated. The reaction which ensues on this form of passive congestion, and the low-typed inflammation that follows, have long been studied as they occur in the most depending part of the lungs.

Primary active congestion of the kidney—i. e., the first stage of inflammation—that stage which precedes exudation—is a common consequence of exposure to cold, and of the state of the blood in scarlet fever, and sometimes, though more rarely, of the state of the blood in other acute specific diseases—pyogenic fever, pyæmia, septicæmia, &c.

In congestion the result of direct mechanical impediment to the return of blood from the kidney—e. g., from disease of heart or lungs—the Malpighian vessels, as we have seen, are the first to become over-distended, and by permitting the escape of serosity, of liquor sanguinis, or of blood, may retard, moderate, or altogether prevent the over-distension of the vessels of the portal system—i.e., of those veins and capillaries which lie between and around the tubules. In the passive congestion that occurs in typhoid diseases, and still more in active congestion, there is no such exemption of the renal portal system; nay, it seems probable that the intertubular vessels are the special seat of active congestion.

If active congestion subside before lymph has been exuded—i. e., if serosity only has been poured out, then, although a considerable loss of epithelium will have been necessitated (as the cells are renewable), no decided permanent damage to the structure of the kidney will have resulted. On the subsidence of the active congestion the patient will be said to be well. The loss of epithelium will have been necessitated because, the vessels between the tubules being affected, serosity will have been effused there, transuded the basement membrane, and loosened the attachment of the cells to it and to each other. The patient, I say, will be *called* well, because, although parts once damaged are never permanently restored, still they may be so far restored that we are unable to detect any inability in them under ordinary conditions to perform function. Still forget not that these little injuries do remain, and when some extra strain on the damaged organ comes, they tell on the result. There can be no doubt that these trifling "damages" to structure are one reason why certain diseases are so fatal to those of advanced life. Now this organ, and now that, is damaged to a trifling degree, until at last, although the man is "in health," none of his organs are sound.

I have described or defined active congestion to be the stage of inflammation preceding exudation; but such a stage is of most limited duration, and it is probable that in the serosity exuded almost if not quite from the first there is some fibrin in solution. Still, from a practical point of view, it is important to separate the two stages. For when exudation in quantity has occurred, then the evidences of disease are manifest, and the patient becomes the subject of chronic Bright's disease.

Clinical Lectures

ON

CASES CALCULATED TO ILLUSTRATE THE DIAGNOSIS & TREATMENT OF PARALYSIS.

BY C. B. RADCLIFFE, M.D., F.R.C.P.,

PHYSICIAN TO THE WESTMINSTER HOSPITAL,
AND TO THE NATIONAL HOSPITAL FOR PARALYSIS AND EPILEPSY, ETC.

No. II.

GENTLEMEN,—The disease upon which I am about to make a few comments has been distinctly recognised only within the last ten years. It is that disease which is now generally regarded as primary idiopathic granular or fatty degeneration of the muscular fibre, analogous in all essential features to fatty degeneration of the heart; and to which the names of progressive muscular atrophy, wasting palsy, or Cruveilhier's disease, are most generally given—the latter name in honour of the distinguished physician who was the first to call attention prominently to the subject. The case which will serve me as a text terminated in perfect recovery, and this termination is not the smallest feature of interest belonging to it; for the common impression is that the disease of which it is an example is one which sooner or later ends fatally. This is the impression, for example, which is gathered from the perusal of M. Trousseau's excellent clinical lecture on the subject, seeing that not one single word is said in this lecture on remedies or cure. Moreover, the very epithet *progressive* implies, more or less distinctly, a fatal tendency. In fact, however, there are other cases on record which show that a less gloomy impression is justifiable; and that this is so, abundant proof may be found in the excellent work of M. Duchenne (de Boulogne) on "Electrisation Localisée," and in the model essay of Dr. Roberts on "Wasting Palsy."

CASE.—Caroline B——, aged nineteen, of Ticehurst, Sussex, a domestic servant, admitted into the National Hospital for Paralysis and Epilepsy on the 24th of March, 1864.

Present state.—The patient complains of weakness and wasting of the left hand, and says there is nothing else the matter with her. She also says that this wasting and weakness began five months ago only.

In the left hand, the muscles forming the ball of the thumb

(the thenar group) are not more than a third of the size of the corresponding muscles in the other hand, and the hollowness of the metacarpal interspaces is such as to show that the interossei and lumbricales muscles have disappeared in great measure. The special muscles of the little finger (the hypothenar group) are also considerably wasted. The fingers are curved in the position which belongs to incipient "bird's-claw deformity" or "main en griffe"—the deformity which M. Duchenne (de Boulogne) has shown to be the direct result of atrophy of the interossei and lumbricales muscles. The wasted muscles present no signs of fibrillary or other involuntary movement. Those belonging to the ball of the thumb contract freely under the action of the magneto-electric current; but no sign of contraction can be produced in this way in the spaces where the interossei and lumbricales muscles ought to be. No numbness is complained of at the present time, and none can be detected by the compasses. Comparing the left hand with the right, the surface is found to be cooler, bluer, and moister in the former than in the latter. The pulse at the wrist is also more feeble on the left side than on the right. The muscles of the left arm and of the rest of the body present nothing wrong in form or function; indeed, with the exception of the condition of the left hand which has been described, the patient (who is a short, healthy-looking, well-developed florid girl, with dark hair, light-grey irides, and large but regular pupils) would seem to be in perfect health, both bodily and mental.

Previous history.—Nearly five years ago the patient noticed that her left hand was weak, wasted, and occasionally numb. About the same time the little finger became bent, and got "into the way;" and from that time to this the condition of the hand has gone on gradually altering into that which exists at present. Latterly, she says, the hand may have "gone wrong a little more quickly." She also says that from the first the fingers would frequently "die," particularly when cold, and recover with "pins-and-needles." Of late, also, there appear to have been occasional attacks of palpitation.

Previous to the commencement of the wasting of the left hand, the patient appears to have enjoyed uniformly good health; and she distinctly says that she never sprained or hurt this hand in any way. Her family history is also good. She is one of ten brothers and sisters, all living and well, as she believes, except three, who died of fever; and both her parents are living.

Treatment.—Faradization, kneading, and suitable localized movements to be used every day. Half a fluid drachm of syrup of iodide of iron to be taken thrice a day, with full diet and porter.

Progress of the case.—April 9th.—All the treatment carried out. Faradization has been used eleven times. Slight action in the lumbricales and interossei muscles.

20th.—Is now able to straighten the first and second fingers, and to do something towards straightening the third and fourth. The hand is warmer to the touch. The Faradization has been repeated eighteen times.

May 13th.—The hand has almost entirely recovered its full form and functions. The Faradization has been repeated twenty-six times.

June 23rd.—The wasted muscles have now fully recovered their bulk and uses. The form of the left hand is now perfectly natural, and its bulk quite equal to that of its fellow. The patient, in fact, has perfectly recovered, and is to-day discharged *cured*.

This case is not an example of Cruveilhier's atrophy in its most marked degree. It is not one in which the arms, reduced to little more than skin and bone, hang uselessly by the sides; or in which the chest is so far stripped of muscle that scarcely enough power is left to carry on the breathing; or in which the tongue is wasted to such a degree as to be of little or no use in speech or mastication; or in which the pharyngeal muscles are attacked, and death from starvation can only be averted by using the stomach-pump. But it is one which may serve my present purpose not indifferently.

The atrophy of the muscles is the first point to which the attention had best be directed. The muscles of the left hand, especially those in the metacarpal interspaces, are considerably wasted; while the muscles of the left arm and of the rest of the body are perfectly plump and healthy. Now this wasting is peculiar in more respects than one. Some muscles are, as it were, dissected out, leaving hollows which seem all the more hollow from the fact that the neighbouring muscles may be almost or altogether unchanged. This wasting is partial in a sense which forms a marked contrast to that general wasting which occurs after paralysis. There is also something very peculiar in the situation of the atrophy. At first the impression may be that the wasting of the muscles is the result of some paralysing lesion in some nerve or nerve-centre; but it soon becomes evident that it is difficult to account for the selection of the muscles upon this view. The muscles, in fact, are not selected in those groups in which they are affected in hemiplegia, in paraplegia, or in any other manner which points clearly to some paralysing lesion in a nerve or nerve-centre. There seems to be something capricious in the selection of the muscles which are the seat of disease; unless it may be that the obscure disposition to a symmetrical affection of corresponding muscles on the two sides of the body may point to some disease in the blood, rather than to any disease in the cerebro-spinal nervous centres, or in the nerves belonging to these centres. Moreover, the wasting in the disease in question is an early phenomenon—perhaps the one first mentioned, and not a late one, as it is in the wasting which is consequent upon paralytic affections.

Weakness is the symptom which has next to be noticed. The muscles of the hand are weak as well as wasted. Now, this weakness is quite distinct from paralysis. The muscles waste, and as they waste they become weaker and weaker; but so long as any muscular structure remains, the will is capable of acting upon it, and the degree of muscular force called into action in this way is proportionate to the amount of unaltered muscular structure remaining. *There is no true paralysis.* The relation of the weakness to the wasting is also distinct, the weakness being posterior to the wasting, not anterior. The case cannot by possibility be confounded with sudden paralysis from cerebral or spinal disorder; nor need it be confounded with that paralysis arising from softening of the brain or spinal cord, which may be ushered in slowly, and in which the muscles may waste *pari passu* with their loss of power; for in this latter case the hemiplegic, paraplegic, or otherwise "regular" character of the paralysis, and the presence of other unequivocal "head symptoms" or "spinal symptoms," will remove all doubt as to the true nature of the malady, if only moderate care be used in the examination.

Numbness of the hand is one of the symptoms mentioned in our case; but this numbness is not a constant symptom. It could not be detected at the time of the first examination, and it was not detected afterwards. It came on when the hand got cold, as the hand very readily did. It seemed to be rather the result of want of blood from failure of the circulation in the part (the circulation in the part was at first very feeble) than anything else; so that this symptom cannot be looked upon as a sign of any disease in the ordinary nerves of the hand, or in the nerve-centres belonging to these nerves. Nor does numbness or pain or any other sign of sensory disturbance occur as a constant feature in other cases to invalidate this conclusion. On the contrary, the remarkable freedom from such disturbance in cases of Cruveilhier's atrophy is one of the most striking features of the disease.

Certain symptoms are absent in this case which are present in some others, and these are fibrillary movements or vibrations in the wasting muscles, with or without some more marked signs of muscular disturbance—as twitches, cramps, and so on. It is plain, however, that these symptoms cannot be regarded as essential to the disease, and for this simple reason, that they would be always present at one time or other if they were so. What, then, is the inference to be drawn when they are present? Do they point to some mischief in the nerve-centre related to the atrophied muscles? I think they do. For if the nerve-centre related to the muscles were not in a state of irritation, the muscles would be at rest; and therefore I conclude that there must be some disease or disorder in the nerve-centre if the muscles are not at rest. Still it does not follow that this disorder or disease is primary as regards the muscular atrophy. On the contrary, I can easily conceive that it may be secondary; for it is a certain fact that the removal or atrophy of a muscle does involve a secondary state of atrophy in the nerve and nerve-centre belonging to the muscle. This is well seen, after amputation, in the nerves and nerve-centres belonging to the stump. Hence fibrillary and other involuntary movements, when they do occur in the wasted muscles, are no proof in themselves that this atrophy is connected with primary disease in the anterior roots of the cord, as Cruveilhier supposed, or in the cord itself. Moreover, as an additional reason for supposing that the cord is not primarily affected in this disease, it may be mentioned that the rectum and bladder have never yet been found to be affected, even in the most advanced forms of this disease—an exception which is scarcely conceivable if disease of the cord were at the bottom of the malady.

Nor is the peculiar attitude of the hand a proof of any affec-

tion of the great nerve-centres in the case under consideration. The fingers are in the position which belongs to incipient "bird's claw" deformity—the "main en griffe" of the French writers. The contraction which gives rise to this position is in certain muscles of the forearm, and it may seem as if this contraction might be owing to irritation in some part of one or other of the great nerve-centres. In reality, however, it has been shown by M. Duchenne (de Boulogne) that this contraction is the direct result of atrophy of the interossei and lumbricales muscles. This atrophy disturbs the balance of power, and allows the simple "tonicity" of the antagonist muscles (the common extensor and the deep and superficial flexors of the fingers) to come into play, and hence the contraction in question; for M. Duchenne has found that the action of the common extensor of the fingers is to extend, not all the phalanges, but only the first phalanx, and that the action of the superficial and deep flexors of the fingers is to bend, not the first phalanx, but only the second and third phalanges. He has found, in fact, that the interossei and lumbricales muscles (some of the muscles wasted in the present case) have an important office to perform in the movements of the fingers, bending the first phalanx, and extending the second and third phalanges.

In the case in question there is an utter absence of all true "head symptoms" and all true "spinal symptoms." The cerebro-spinal nervous system would appear to be perfectly healthy; as, indeed, is the rule in all cases of the kind, even in those which are most marked as to degree.

The more, indeed, the history of Cruveilhier's atrophy is investigated, the more clearly does it appear that this disease is in reality a primary idiopathic affection of the muscles—namely, fatty or granular degeneration, and not a secondary result of some primary disorder in any part of the brain or spinal cord.

Whether the vaso-motor system of nerves is primarily affected is a question which is not so easily answered. The original coolness and blueness of the hand showed plainly that the circulation in this part was greatly enfeebled; and this condition is certainly an argument for supposing that there must be some local fault in the vaso-motor system of nerves. Is this fault, then, the cause of the local wasting of the muscles? It is very possible that it may be; but be this so or not, all the evidence, as I read it, goes to show that the disease is not the result of some primary disease in the cerebro-spinal system of nerves. And this is the point to which I at present wish to call attention particularly.

Another point to be noticed in the case under consideration is the perfect condition of the nutrition generally, except in the affected hand. There was no evidence, not even the slightest, of any cachexy. There was no evidence of that particular cachexy which is produced by lead-poisoning, and of which one of the most marked symptoms is that atrophied condition of the extensors of the hand which leads to drop-wrist. And this perfect condition of the nutrition, except in the diseased part, is the invariable rule in all cases of Cruveilhier's atrophy, however advanced; and this being the rule, there is really no danger of confounding this affection with the muscular atrophy and paralysis resulting from lead-poisoning. Nor are we alone guided to a diagnosis by the peculiar cachexy produced by lead-poisoning; for are there not in cases of lead-poisoning, which have proceeded to the extent of causing muscular atrophy and paralysis, unequivocal signs of disorder of the nervous system, as colic, neuralgia, tremor, cramps and other convulsive disturbances, despondency and other signs of mental disorder, and so on—signs which are never present in Cruveilhier's atrophy, except as an accidental complication? Indeed, the help of electro-magnetism is not wanted to complete the diagnosis, though it is no doubt true, as M. Duchenne (de Boulogne) points out, that Faradization tells upon the muscles in Cruveilhier's atrophy, and not in the atrophy resulting from lead-poisoning.

In a word, Cruveilhier's atrophy seems to be a disease of which the characters are sufficiently distinct to prevent it from being confounded with the atrophy resulting from any form of true paralysis; and it is in the realizing of these characters that its differential diagnosis will be best made out.

There is, moreover, a feature in the history of the disease under consideration which has not been mentioned, and which will prevent it from being confounded with another form of muscular atrophy—viz., that which results from what is called muscular rheumatism. Cruveilhier's atrophy is characterized by its stealthiness and indolence. The muscle is half gone before the patient is alive to the fact. But in the atrophy resulting from muscular rheumatism the case is widely different, and the wasting is always slowly ushered in by much local pain and tenderness. I saw, for example, a few days ago, a clergyman whose left deltoid muscle had nearly disappeared; but in his case there was no possibility of confounding the atrophy of the muscle with that arising from Cruveilhier's disease, for the muscle had been for weeks the seat of much rheumatic pain and tenderness, and at the time of examination it was still in a condition of comparative painfulness and tenderness.

The treatment pursued requires little comment. Its essential part, no doubt, was the Faradization of the atrophied muscles. Upon this point none can have any doubt who are practically acquainted with the results of this mode of treatment in cases of the kind, or who have read what M. Duchenne (de Boulogne) has written on this subject. But I am also disposed to ascribe some part of the credit to the "localized movements" and the kneadings. I do not pretend to decide as to the precise amount of credit assignable to these agencies; but this I may say—that in cases of muscular atrophy, and in cases of paralysis, the progress towards recovery will be much more tedious and unsatisfactory if they are not included in the plan of treatment.

About the medicine used I have no remark to make; and for the rest I will only say, that to my mind the existence of a disease like Cruveilhier's atrophy, in which idiopathic fatty degeneration of muscle is the essential fact, is a reason for supplying an extra amount of lean meat in the food. For is not lean meat the special and peculiar food of muscle?

REPORT OF

CASES OF STRICTURE OF THE URETHRA.

BY JAMES WHITEFORD, B.A., M.D.

COMMUNICATED BY

JAMES SYME, F.R.S.E.,

PROFESSOR OF CLINICAL SURGERY, UNIVERSITY OF EDINBURGH.

As an old pupil of Professor Syme, I venture to submit to the profession, through the pages of THE LANCET, the accompanying cases of stricture, treated according to the plan first proposed by that gentleman:—

CASE 1.—José M. M——, aged forty, residing in the city of Medellin, New Granada, had suffered for nineteen years from stricture. During this period he had been from time to time treated by different surgeons, who passed bougies until the stricture became so tight that this resource failed the patient. After sixteen years of suffering, more or less, from occasional attacks of retention of urine, in one very severe attack, accompanied by fever and rigors, perineal fistulæ formed. These fistulous openings were the main outlet for the urine when I saw him first, which was in November, 1859. About a year previous to this he had applied to an English surgeon then resident in the country. This gentleman divided the stricture internally by means of an instrument carrying a concealed lancet-blade, and afterwards continued to pass a full-sized bougie every two or three days, for more than two months. At the end of this time the patient was dismissed as cured. For two months more he continued well, but the stream gradually became smaller, until he had another attack of retention of urine, and again the fistulous openings formed, within little more than four months after the operation referred to.

On examination I found a tight stricture situated immediately behind the scrotum, which admitted a No. 2 catheter or bougie. Immediately in front of the stricture there was the opening to a false passage, which rendered it difficult to pass any instrument. I recommended him to submit to the operation practised by you; but having experienced no benefit from the other operation, he declined.

In July, 1860, a relative of his came to request me to see him, as he had been then confined to bed for more than a month by another attack of retention of urine, accompanied by the formation of several new fistulæ. As he now signified his readiness to submit to whatever I might advise, I divided the stricture, cutting from the outside upon the grooved director, which I

had passed through the stricture. The urethra was opened for an inch and a half at the strictured part, and through the opening the short catheter was passed into the bladder, and retained there for two days. At the end of seven days no urine passed by the wound. The patient recovered without any bad symptom. A month afterwards I passed a No. 11 bougie without difficulty.

More than a year afterwards this same patient had gonorrhœa, which lasted more or less for a month. Six months after his recovery from this, and nearly twelve months after the last time I had passed an instrument, I introduced a No. 11 bougie with ease. And finally, in March, 1863, another year having elapsed since any instrument was passed, I found the urethra in as satisfactory a condition as when I had last examined it. I again passed a No. 11 without any difficulty.

CASE 2.—Domingo O——, aged sixty-one, a farmer in the province of Antioquia, New Granada, had suffered for more than twenty years from stricture, with fistulæ in the perineum. For many years he had sought for no relief at the hands of any surgeon, seeing that on the last occasion that he had placed himself under treatment (by an English surgeon)—several attempts to pass instruments having proved unavailing—he had been told that his case was incurable. The urine for many years had passed almost entirely by the fistulous openings.

In March, 1861, I first saw the patient; and on examination I found a tight stricture behind the scrotum, and a contraction at the orifice, which was so narrowed as to admit only a No. 4 bougie. I was unable, after several patient attempts, to pass any instrument into the bladder; but I could pass a No. 2 through the principal stricture, immediately behind which the point of the instrument was felt to grate against a rough surface, which impeded its further progress. Substituting the grooved director for the bougie, I divided the stricture upon it, and found several small stones lying immediately behind the stricture, the urethra being sacculated at the part. On removing these, the director was passed into the bladder, and directly struck against a stone. Having satisfied myself of the existence of this, and ascertaining at the same time that it was of no great size, I proceeded to practise the operation known as the median operation of lithotomy, using as my director the same instrument, as I had no other. I succeeded, without much trouble, in extracting the stone. The short perineal catheter, being passed into the bladder, was retained for three days, and after its withdrawal the wound gradually healed up. The stricture at the orifice had been divided previous to this, and a piece of lint kept between the cut edges for four or five days.

Although the patient had been suffering from intermittent fever for a considerable time, with enlarged spleen, and had always experienced aggravation of his ailment whenever I had attempted to pass an instrument before the operation, he had no rigor after it, nor did any of his ague fits return. About a month after, when nearly quite recovered, and the wound being almost closed, he had an attack of acute dysentery, which was then epidemic in the place. From this he recovered, and soon after he was able to resume his avocations in a distant part of the country. A year afterwards I saw him: he had enjoyed good health, and was perfectly free of his old complaint, although he had been exposing himself to all the hardships of a mountaineer's life in that part of the world. He had sometimes been in the saddle from morning till night for more than a week together, exposed to cold and damp. He had not had any instrument passed since I saw him; and yet I found the urethra as wide as when I had last examined him. It admitted a full-sized bougie with ease.

CASE 3.—José M. G——, aged forty-three, residing in Medellin, New Granada, had suffered from stricture for eight years, or thereabouts. In December, 1862, he applied to me. I found that the seat of the contraction was behind the scrotum, and that it only admitted a No. 2 bougie. As the history he gave me of his case showed that the stricture had been dilated several times, but that after very short intervals the same state of matters recurred, and the same process had to be repeated, each time with greater difficulty to the surgeon and greater suffering to himself, I at once proposed to him the operation of division. To this he did not agree until eight or nine months afterwards, when I was requested to see him, as he was confined to bed and had been in great suffering for about four months. I found that he had been treated during the interval by another practitioner, who had applied caustic frequently to the urethra, with the effect of causing intolerable suffering to the patient, both from the application of the caustic and from the retention of the urine which he found always to follow every time it was applied, without, of course, any good result. The urethra was extremely irritable, and the slightest attempt to pass an instrument was followed by severe rigor, headache, and fever. In August, 1862, I divided the stricture in the usual manner. No bad result followed the operation, the wound closed entirely within a fortnight, and the intense pain he had been suffering entirely ceased within a few hours after the operation.

In March, 1863, I was able to pass a full-sized instrument without the slightest difficulty, five months having then elapsed since any had been passed.

CASE 4.—Juan A. G——, aged forty-seven, residing at Marinilla, New Granada, had suffered for fourteen years from stricture, with fistula in perineo. For some years before he applied to me, which was in September, 1862, he had submitted to all the sufferings usual to such a state of matters, having been under treatment in former years, and for a long time, without experiencing any lasting benefit. The seat of stricture was behind the scrotum; but there was also a tight contraction at the orifice of the urethra, with a large cicatrix upon the glans, which was evidently connected with this latter. The anterior contracted part admitted a No. 4 bougie with difficulty, and through the main stricture I was unable at first to pass any instrument. After several patient endeavours I succeeded in passing first a No. 1 bougie, and then a No. 2 catheter into the bladder. After dividing the contraction at the orifice, and passing a No. 9 bougie down to the main stricture, I passed the grooved director through it, and divided it. The short catheter, being passed through the wound, was retained for forty-eight hours, and a piece of lint was kept between the edges of the anterior wound for four or five days.

The patient made a good recovery, and was quite free from his complaint when I last saw him, five months after the operation. Four months had elapsed since any instrument had been passed, and a full-sized instrument could be passed with ease.

CASE 5.—Marcos C——, aged fifty-nine, residing in the town of Concepcion, New Granada, had suffered from stricture for about seventeen years. He had been treated by the method of dilatation, with the effect of obtaining relief for a few weeks at a time, the same treatment being always repeated. In 1858 he was under the care of an English surgeon, who succeeded in gradually dilating the urethra at the seat of stricture until a full-sized bougie could be passed without difficulty. In about a month after he had been dismissed as cured, on this occasion, he began to suffer from incontinence of urine, with constant dull pain in the loins. When I saw him first (in December, 1862), he was in this condition, and, according to his own account, he had never had the natural desire to pass urine since this state of matters began, nor had he emptied the bladder for four years, the urine constantly trickling away. The general appearance of the patient was pale and œdematous.

The stricture was situated behind the scrotum, and admitted a No. 2. I divided it in the usual way, and on passing the short catheter into the bladder a large quantity of ammoniacal urine came away, the bladder having evidently been full. Immediately after this the dull pain in the loins disappeared.

The usual after-treatment was followed, and on the fifth day after, the patient, without having any rigor, began to suffer from sickness and vomiting, in the course of which he threw up two large round worms.* A dose of santonine, followed by castor oil, relieved him of twenty or thirty more of these worms, after which he recovered without any interruption.

For some time after getting up this patient had a little difficulty in retaining his urine, which continued loaded with *mucus*. After taking doses of the tincture of the muriate of iron for a few days, however, both of these morbid symptoms disappeared.

A few days ago, I was told by a person (a countryman of his) who saw him a few months since (in July last) that he has continued quite free from his old complaint, and that he was otherwise in good health.

Edinburgh, Dec. 1864.

* The frequency of this affection—viz., of the existence of parasitic worms in the alimentary canal, and chiefly of the round worm—in the inhabitants of that part of the world is incredible to one who has not had medical experience amongst them. Persons of all ages are affected. I have seen an infant six weeks old vomit a worm three inches long. The same circumstance mentioned in Case 5 had occurred to a patient nearly seventy years of age, whose foot I had amputated, and who suddenly began to suffer in this way, more than six weeks after the operation, the wound being nearly healed. I was at first at a loss to account for the sickness until the appearance of the worms solved the difficulty.

ON

THE CONSTITUTIONAL CHARACTER AND MODIFICATIONS OF SKIN DISEASES.

BY S. O. HABERSHON, M.D.,

SENIOR ASSISTANT-PHYSICIAN TO AND LECTURER ON MATERIA MEDICA AT GUY'S HOSPITAL.

DURING the last few years the study of diseases of the skin has received so much attention that numerous treatises have been published and special hospitals for their treatment established. By the aid of the microscope new truths have been recognised, and errors have been corrected; some observers have increased the knowledge of individual maladies, whilst others have made known their general and physiological laws.

There are peculiar difficulties, yet some especial facilities, in the investigation of cutaneous diseases. They are examined with ease, and may be watched at each stage of their progress. At their very commencement attention is drawn to the affected part; some alteration of the sensibility is perceived; pain or itching, smarting or numbness, is produced; and the natural volume of the structure of the skin is often modified. But skin diseases, widely different, may seem at first identical; and the beginnings of disease of a most serious kind may be treated as insignificant unless their true import be known. Thus a small patch of benumbed skin may indicate the commencement of the fearful leprosy of the East; and deep redness of the hands may be the precursor of confluent small-pox, or a few rose-coloured spots prove the presence of typhoid fever. At one time, severe neuralgic pain and clusters of vesicles, alarming and distressing the patient, indicate a harmless disease—shingles; whilst at another, a few pustules without pain give fearful warning of fatal blood-poisoning and of certain death.

It is scarcely possible too highly to estimate the benefit arising in the study of skin diseases from the researches of Willan and Bateman. The better arrangement and the more accurate classification adopted by them have greatly advanced the pathological knowledge and the scientific treatment of these forms of malady; but isolated facts were arranged in an arbitrary manner, and with bonds of connexion of a most unsatisfactory character. Thus, scabies was classed as a pustular disease (whilst it is more frequently lichenous or vesicular), and its parasitic origin was not thoroughly recognised; the exanthems, measles and scarlet fever, have scarcely any connexion, and widely differ from purpura and nettle-rash; and still more heterogeneous is their group of pustules, in which ringworm and small-pox and itch are placed side by side, and impetigo and ecthyma—other pustular diseases—are associated with them. Just as in the botanical classification of Linnæus, the arrangement of stamens and pistils was made to supplant the whole natural characteristics of the plant, till a more natural method, according to the general history and character of the vegetable growth, was adopted, commenced by Jussieu and De Candolle, and amplified by Lindley and many others. Still, although the natural system of botany is the more correct, more beautiful, and more interesting, the artificial one is the more easy, and therefore often more attractive.

Many facts and definitions laid down by Willan and Bateman serve as the alphabet in the study of skin diseases; but whilst retaining, very willingly, much that was described by them, and still further advanced by Cazenave, Biett, Gibert, Schedel, and others, there are great advantages in adopting a more natural classification and one more in harmony with the natural history of the disease. Such a method is of infinitely greater value in the curative objects of the physician. Commenced by Alibert, it has been more fully developed by Devergie, Hardy, and Hebra—namely, to place the syphilitic, parasitic, cancerous, strumous, and as I believe correctly, the dartrous affections of the skin in separate groups: the syphilitic affections may be papular, squamous, bullous, pustular, vesicular, tubercular, or of a maculated character; so also the strumous and dartrous are nearly as diverse in form. The adherence to a mere artificial arrangement has apparently retarded the advance of scientific knowledge in these things. Our continental neighbours have been less trammelled in their work than ourselves; and it will be found that in practice the mind almost involuntarily follows a natural method. The malady is regarded in its general bearing, and the question is asked, Is this appearance on the skin the result of some local or general transient disturbance, or does it indicate general and serious constitutional defect?

Nearly every author has made a classification of his own. Each has its merits; but it is not sufficient to name and to classify. It is not my intention to add another to the existing classifications, already too numerous; but rather to mention some of the constitutional conditions which modify or produce cutaneous disease, and which are of primary importance in the curative treatment. Nor do I purpose to enter upon the description of *every* form of skin disease, but to mention some interesting cases which have come under my own notice in the extensive field of observation presented to me in this department of medicine at Guy's Hospital.

Many persons speak of their constitution as if it had some indescribable but independent existence, regardless of the fact that their organization or constitution is really themselves. Still, it is true that some parts of the body are more essential than others, and that some structures may be entirely removed or destroyed without any apparent detriment to the general health. But in the physical working of each individual person there is separate peculiarity—a distinctiveness which is expressive of independent action, and in *secondary* changes which take place that individuality of action is expressed. The organism works in its own way, and performs reparative action or sustains injurious influences according to its general vigour and mode of action; thus, also, local injuries affect in a different manner the whole constitution, according to the state of the general health.

Another fact of equal importance is that disorders of the general health lead to local disease, which is the indication of a general rather than of a merely local departure from health. All now recognise this truth, and numerous illustrations might be afforded.

These statements are well shown in diseases of the skin; not only that local disease of the skin affects the constitution, but that changes in the constitution are often manifested by alterations in the skin itself. The structure of the skin, and the relation its functional integrity has to other organs, render this unity of action very apparent. The skin receives a very large supply of nerves, not only of a sensory kind by which it becomes subservient as an organ of touch, but upon its capillary vessels are distributed delicate filaments of the vaso-motor or sympathetic nerve. Thus the most intimate connexion is established between the skin, the brain, and the whole nutritive function of the body; sensations of heat and coldness are produced; and increased, diminished, or perverted feelings are continually observed. An extensive injury to the surface of the skin produces as profound a state of collapse as the severe fracture of a limb.

The large supply of blood, and the complex arrangement of the minute capillary vessels, bring the skin into the closest union with the general state of the body. No great alteration can take place in the blood without change being speedily observed on the cutaneous surface. Pallor shows the loss of blood or deficiency in its red corpuscles; and the petechiæ and maculæ of fever, as well as the effusions in scurvy and purpura, quickly indicate important changes in the elementary composition of the blood.

As closely also the functions of the skin, in its sudoriferous glands and its sebaceous follicles, reciprocate the state of other functions, and have a correlative action. But, although so intimately associated with the state of the whole organism, there is a fear lest we consider the changes of the skin as of an entirely separate character.

The classifications of skin diseases are so increasing that the mere remembrance of the new names will soon constitute a most formidable task; and the simple enumeration forms a wearisome list. But the more that the clinical history is studied, the more natural will the arrangement of these maladies become; and the more natural and true the classification, the more valuable in practice will it be.

A few illustrations will best serve to show the truth of these statements.

1. Some diseases of the skin are simply of a *local* character; and although frequently no constitutional effects are observed, still we generally find that the state of the constitution is shown. Amongst these we must regard many of those affections which only implicate isolated structures of the skin, as warts, nævi, and the like.

The hypertrophy of the skin in the warty growth is

generally of a harmless and of a purely local character; but when it is set up by syphilitic disease and specific discharges its microscopical appearance may be the same, but there is a deeper change; so also in the *warty growths* sometimes observed in connexion with *lupus*, constituting the "scrofulide verruceuse" of Hardy, a scaly patch is found to be surrounded with well-marked warty growths, and as the scales separate the substance of the skin is found to have been destroyed, and it presents a depressed and cicatrized appearance. (See model of the hand in the museum of Guy's.) The patient, Mary H——, aged sixteen, was admitted last year under my care. She was a fair, strumous girl, who stated that when four to five years of age a small spot like the prick of a pin was observed on the back of the left hand. Suppuration took place, but that soon subsided. The spot, however, grew larger, and extended every year, till in 1863 it reached from the base of the fingers to the wrist. An abscess had at first formed in the axilla, then at the elbow. On admission the centre of the diseased part was covered by thin, irregular scales, and had a cicatrized appearance, but there was no ulceration. This scaly surface was surrounded by a condylomatous ring, having thick scabs upon it, and closely approaching the appearance of Willan and Bateman's impetigo scabida. When, however, the scabs were removed from the circumference sprouting hypertrophied papillæ or warts were observed, and as the scales were more completely separated from the centre the former destruction of the skin-tissue, as in lupus, was very evident. She had never menstruated, but was tolerably nourished, and there was no evidence of visceral disease. The solution of arsenite of potash was at first given, and the iodide of lead ointment used, but irritability of stomach was set up, and cod-liver oil with steel was substituted; and for the diseased hand a lotion composed of a scruple of iodide and of carbonate of potash in an ounce of glycerine. The warty growths soon dissolved, but the skin was somewhat irritated; still she rapidly improved, and in two months was presented. As the lotion was entirely discarded the warty growths returned. Here a constitutional defect of the system, inducing slow ulcerative disease of the hand, was followed, or rather accompanied, by hypertrophic change at the circumference. The mere examination of an isolated cluster of these growths afforded no indication of their character. A general defect of the system modified a disease otherwise of a local character, and the true import of the disease was only known by its constitutional relation.

The converse is also true, and not only may the local malady be modified by the constitutional condition, but the local disease be so severe as to affect the state of the general health. Warts inflamed by irritant applications disturb the whole system. Thus a young girl (see model in museum) with several scattered warts applied to a druggist for some caustic to destroy them. He applied nitric acid; severe inflammation of the hand and forearm was set up, and when she came amongst my patients she was in general distress.

A very common instance in which local change is modified by the state of the constitution is seen in insect bites. The petechial flea-bite of a cachectic child is a certain indication of impoverished blood; and the same truth has been beautifully demonstrated by Paget in the microscopical examination of the fluid effused from cantharides blisters put upon patients differently affected. "For although," he says in his Surgical Pathology, "the differences in the general aspects of these materials were slight, yet there were great differences in the microscopical characters; and these differences so far corresponded with the nature of the disease or of the patient's general health, that at last I could generally guess accurately from an examination of the fluid in the blister what was the general character of the disease with which the patient suffered. Thus, in cases of purely local disease, in patients otherwise sound, the lymph thus obtained formed an almost unmixed coagulum, in which, when the fluid was pressed out, the fibrin was firm, elastic, and apparently filamentous. In cases at the opposite end of the scale, such as those of advanced phthisis, a minimum of fibrin was concealed by the crowds of corpuscles embedded in it. Between these were very numerous intermediate conditions which it is not necessary now to particularize. It may suffice to say that after some practice one might form a fair opinion of the degree in which a patient was cachectic, and of the degree in which an inflammation in him would tend to the adhesive or the suppurative character, by these exudations. The highest health is marked by an exudation containing the most perfect and unmixed fibrin; the lowest, by the formation of the most abundant corpuscles, and their nearest approach, even in their early state, to the character of pus-cells." These experiments are continually repeated for us in the irritant applications made to the skin of delicate children; and these instances may be numbered, not by tens, but by hundreds. The head and face of the child is washed most thoroughly with yellow soap, and, as its sequence, the skin is partially dissolved, and severe irritation results. It may be mere redness, erythema, or isolated spots constituting a form of lichen; more frequently numerous minute vesicles are formed on an inflamed surface; the vesicles break and discharge a watery serum, which concretes into thin scales, and a raw oozing surface is produced; much itching is experienced, and great distress; and, as seen on the scalp, the thin hair is matted together. If the patient have less power, or the irritant effects be more severe, the vesicles become purulent, and impetigo or eczema impetiginodes is produced; thicker crusts are formed, and, if on the scalp, honeycombed crusts, the favourite habitat of parasites; the glands of the neck enlarge, and the general health is disordered. This state is simple inflammation of the skin, and is very different from the dartrous affections we have presently to mention. We have had several such instances in tanners from immersing the hands in irritating fluids. With the avoidance of the irritant applications, and with cleanliness, these cases rapidly recover, though more persistent in strumous subjects; but great relief is afforded by soothing applications, as cerate of oxide of zinc and acetate of lead, or the dry oxide of zinc, or starch powder, or simple bran-water or gruel.

The different forms of scabies illustrate the same fact, whether the irritation produced by the acarus induce lichenous rash or eczema, or lead to the formation of pustules. In proportion as there is diminished general power, the tendency is to the formation of pus, the local disease being modified by the constitutional weakness, and in these cases the local treatment is greatly assisted by improving the general health.

In another class of cutaneous disease, also arising from local disease, and amenable *only* to local treatment, we find that the constitutional vigour is not to be wholly disregarded. I refer to the forms of porrigo, tinea favosa, t. tonsurans, t. decalvans, to herpes circinatus, sycosis, and pityriasis versicolor.

During the past summer a very severe case of tinea favosa, the porrigo lupinosa of Willan and Bateman, was under my care in Guy's Hospital, in which it was very evident that the improved diet of the hospital, with cod-liver oil and steel, greatly assisted the cure.

Porrigo lupinosa.

Wm. C——, aged twenty-two, was admitted May, 1864. He had a boyish look, and was pale, emaciated, and cachectic; his scalp was almost destitute of hair, but was covered with thick yellowish-white crusts. The large masses were irregular in form, a quarter of an inch in thickness, white, and cretaceous in the centre, but on the edges of a pale-yellow colour. The skin at the margin of the crust was reddened and slightly swollen. On the nape of the neck and on the ear were small masses, nearly circular in form, in size from one-sixteenth to one-fourth of an inch in diameter, with raised edges and cup-shaped centre. There were a few scattered hairs on the scalp, and some hairs could be seen passing through the cups. The portions of scalp between the crusts were pale, red, and shining. A large, irregular patch was found on the right side of the chest, another on the shoulder, and others on the leg; from the knee to the ankle they were numerous and of different sizes. On removing some of the smaller crusts from the scalp, they were found to be powdery, and left a deep depression; the skin beneath was red, and easily bled, but was not ulcerated.

For sixteen years he had been affected with the disease. At first it commenced as small spots on the head, but in two months the scalp was covered, and after continuing two years spots appeared on the body. In St. Bartholomew's Hospital he was relieved by sulphur-baths. In 1862 he was admitted into Guy's under the care of Dr. Gull, and in 1863 under the care of Dr. Wilks; and both times he left the hospital apparently well. The latter produced a similar growth on another patient by inoculation.

The patient said that he had remained well several months after leaving the hospital, but he was in extreme poverty, and at the beginning of the present year the disease again appeared. He did not suffer any pain except when he became warm; and when the body perspired itching also was produced. The thick crusts were ordered to be removed by poultice, and an ointment composed of the tar and ammoniochloride of mercury ointments to be then applied.

On admission into Guy's the thick crusts were removed; but on the right side and posterior part cups very quickly re-

formed, small and deeply depressed; in nearly all, either a hair or a black point (the remains of one) could be detected. These were again removed, and the hairs as far as possible pulled out with forceps. An ointment composed of equal parts of the creasote and nitric oxide of mercury ointments was then applied. He was ordered three drachms of cod-liver oil and half a drachm of syrup of iodide of iron three times a day; also full meat diet and a pint of porter.

May 27th.—The crusts had not re-formed on the scalp; that on the chest had also disappeared, and for the leg the same treatment was now directed to be used. He had a more healthy appearance, and was in every way improved. The skin was redder than natural where the crusts had been.

Upon microscopical examination, the powdery matter of the crusts presented none of the elements of pus, but consisted of branching torulæ, appended to each other at acute angles; separate joints and delicate fibres were also observed; but beside these, rounded flattened plates were evident, not epithelial, for there were no nuclei, neither had they the angular appearance of squamous epithelium.

After several weeks the specimen, which had been prepared in a dry state, but the air excluded by gold size, presented torulæ still more distinct in its outline; the epiphyte had evidently grown, and increased in all its proportions.

(To be concluded.)

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

LARGE CALCULUS IN THE BLADDER OF A BOY; LATERAL LITHOTOMY; RECOVERY.

(Under the care of Mr. FERGUSSON.)

IN continuation of our reports of cases of calculus in the bladder, published last week, we append additional examples, some of them possessing points of interest to the pathologist and the surgeon.

In the first of the following instances a stone had been detected four years ago, the patient being then only five years of age. During that long period he continued to suffer more or less from the symptoms of calculus, and when the operation was performed for its extraction its size was found to be considerable, as was to be expected. This did not prove any obstacle to its removal, for on the introduction of the forceps into the bladder by Mr. Fergusson, at the moment of the withdrawal of his finger from the wound, a gush of urine threw the stone with its long axis between the blades, and it was, we may say, instantly extracted. It is this process which adds the charm to his operations for stone, and makes lithotomy appear one of the most beautiful, and at the same time the simplest, of surgical measures. This fortuitous circumstance, however, does not always happen, unless the bladder contains some fluid to direct the course of the stone; but with Mr. Fergusson, judging from an experience of witnessing his operations during a series of many years, we may say it is the rule, for the bladder is rarely or never empty of fluid. Under such circumstances lithotomy becomes an operation, in some hands, of easy accomplishment in from thirty to sixty seconds, as we have seen it done by Mr. Fergusson, Mr. Paget, Mr. Erichsen, and other surgeons.

The annexed case was furnished by Mr. H. Rogers Bell, the house-surgeon, from the notes taken by Mr. Wm. Bell, the dresser of the patient.

Wm. P——, aged nine years, the son of a policeman living at Deal, was admitted on the 11th of November, 1864, suffering from stone in the bladder. He is a rather delicate-looking boy, but has always had plenty of food and exercise. About four years ago he was taken to see a surgeon, because he could not pass his urine without great pain, who found that he had a stone in his bladder. Some medicine was prescribed; but the difficulty of micturition still continued. The lad became slightly better for six or seven months; but the pain and difficulty in passing urine again returned. For the last month there has been so much pain that he has not been able to micturate in the standing posture, but has to sit down; the water then passes slowly, and with a good deal of straining, containing at times blood. On admission, his urine contained pus; he passed his urine frequently, and a little at a time; there was a slight trace of albumen.

Nov. 19th.—The boy having been taken into the operating theatre, and placed under the influence of chloroform, Mr. Fergusson performed the lateral operation for lithotomy. The stone was caught by the forceps in the first gush of urine, in the diameter most favourable for its extraction. It was a very large one for a patient so young, being 5¼ in. round in one direction, and 4¾ in. in the other. It was composed of lithic acid, covered at its middle with phosphates.

Dec. 28th.—The case has progressed favourably; the wound is gradually closing. The urine a day or two back came wholly by the urethra; to-day some came by the wound. The urine on the 24th contained a good deal of pus and mucus; but it is now becoming clearer. There is but a slight trace of albumen, owing to the presence of the pus.

MULBERRY CALCULUS IN THE BLADDER OF A SHIPWRIGHT; LATERAL LITHOTOMY; RECOVERY.

(Under the care of Mr. FERGUSSON.)

The symptoms in this case (the notes of which were taken by Mr. M. A. Wood, the patient's dresser) are well explained by the presence of a mulberry calculus. They are more painful than those arising from any other form of stone, and in the present instance had existed for eighteen months, chiefly venting themselves on the neck of the bladder.

Wm. M——, aged twenty-one, was admitted on the 10th of November last, with a stone in the bladder. He is a shipwright, living at Poplar; has always enjoyed good health; family healthy. He is temperate, lives well, and takes plenty of exercise. For the last eighteen months he has noticed that his urine was thick, and contained a whitish deposit. He is in almost constant pain in the situation of the neck of the bladder, which is much increased by moving. The pain obliges him to pass water every two or three hours. After he has voided a little, the pain is relieved for a time; but when his bladder becomes emptied, the pain increases considerably, and causes him to strain. He says his urine never stops when he is passing it, except when the pain causes spasm. He suffers from an itching feeling along the urethra; has no pain in the testicle or elsewhere. Four or five months ago he passed some blood in his urine on two or three occasions. No albumen or mucus. Mr. Fergusson with the sound detected a stone.

Nov. 19th.—Chloroform having been administered, Mr. Fergusson performed the lateral operation for lithotomy. A mulberry calculus of the size of a small walnut was extracted without any difficulty.

21st.—Doing perfectly well; pulse 80; no bleeding; urine comes away freely; no tenderness of abdomen.

Dec. 1st.—The urine comes wholly by the urethra; the wound is healing rapidly.

17th.—Discharged cured.

CALCULUS OF THE KIDNEY, BLADDER, AND URETHRA, WITH PERINEAL ABSCESS; FORMER HISTORY OF STRICTURE; FATAL RESULT.

(Under the care of Mr. PARTRIDGE.)

This case forms not an inapt companion to the remarkable one published in our "Mirror" of last week, and which was under Mr. Prescott Hewett's care at St. George's Hospital. Here was an old stricture successfully treated, but subsequently neglected by the patient himself. Symptoms of stone supervened, with the formation of a perineal abscess, and death. A large stone blocked up the left renal pelvis, another occupied the bladder, and a third and smaller one was in the urethra. No operation would have been of any value under such circumstances; and the case is as clinically instructive and valuable

as any which have come under our observation. The notes were taken by Mr. Robert S. Smith, the patient's dresser.

H. C——, aged forty-nine, re-admitted Oct. 8th, 1864. He has been out of the hospital since the 2nd of last February. He had been under treatment at that time for stricture, which was treated by Holt's method, and a No. 10 catheter readily passed. He was sent back into the country, and advised to place himself under surgical supervision. His health improved until about two months ago. For some time after he left the hospital the stream began to get small, and sometimes stopped suddenly, giving him a good deal of pain. It grew gradually worse, and now only dribbles away quite involuntarily. He has been in the habit since he went out of the hospital of passing a No. 4 gum elastic catheter as far as the stricture, but not into the bladder. He sometimes has pain in the glans penis and along the course of the ureters to the loins. There is a swelling a little to the right of the middle line in front of the rectum, which has been three weeks in coming. He first felt a burning, throbbing pain all round the rectum, and a week ago he had an attack of shivering. The swelling seems to be connected with the front part of the prostate, and the thickening seems to implicate the posterior part of the urethra. There is no opening in the rectum. His bowels are habitually constipated, and he is obliged to strain a good deal at stool. The urine has a very fetid odour, and contains a large quantity of pus. He cannot sleep well, and his appetite is bad.

Oct. 10th.—The abscess in the perineum was opened and poulticed.

12th.—The left testicle is swelled to three or four times its normal size, and is very painful.

25th.—Yesterday he passed a great deal of blood and mucus in his urine. In the afternoon he complained of very great pain. A No. 8 catheter was passed, and a small quantity of urine was drawn off, which was very thick. The catheter grated against a stone, which is probably contained in a small pouch at the posterior part of the spongy portion of the urethra. The pain was relieved for a time; but he gradually grew worse, passed pure blood from the urethra, and continued gradually to sink till eleven P.M. on the 26th, when he died.

Autopsy, forty-eight hours after death.—No adhesion in chest. Lungs pale. Heart healthy. Left kidney atrophied, cystic; pelvis blocked by a large calculus; pus in left ureter. Right kidney enlarged to twice its normal size; ureter much dilated, and contained a large quantity of blood. Prostate contained a small quantity of deposit. Bladder much thickened, contained a large calculus, and there was a small stone in the urethra in front of prostatic portion. Left testicle not enlarged; its tunica vaginalis contained pus.

The man was very weak and irritable when admitted, and his state of health prevented any active surgical interference.

ST. MARY'S HOSPITAL.

CASES OF CALCULUS IN THE BLADDER OF CHILDREN; LATERAL LITHOTOMY WITH STRAIGHT STAFF; RECOVERY.

(Under the care of Mr. JAMES LANE.)

CASE 1.—A. B——, aged five years, a child in tolerably good condition, was admitted into this hospital Nov. 1st, 1864. His mother stated that he had complained of pain on micturition for two years; that he had passed blood with his urine twelve months ago in considerable quantity, and had had occasional hæmaturia since that time. Latterly the irritability of the bladder had been excessive, the calls to empty it frequent, and the pain very severe. At the time of his admission he had also pain and tenderness in the hypogastric region. He had been sounded a short time previous to his application at the hospital; but nothing had been discovered. On examining him, however, with a sound with a short curve, a calculus was without much difficulty detected.

On the 2nd of Nov., lateral lithotomy was performed by Mr. J. Lane, and an oval stone, about an inch in its long diameter, extracted. It was of the mulberry variety, very rough and irregular, with a superficial deposition of phosphates in the interstices on its surface. Its appearance fully accounted for the severity of the symptoms. A section, which was afterwards made, showed it to consist of a nucleus of uric acid, comprising about half its bulk, with a coating of oxalate of lime on the exterior, about a quarter of an inch in thickness.

No bleeding worthy of notice took place at or subsequent to the operation, which was followed by immediate relief of the symptoms. The next day the child was playing cheerfully with his toys, and said spontaneously that he was much better. The hypogastric tenderness had disappeared. At first the whole of the urine escaped by the wound; but in a few days it flowed partially through the urethra, and at the end of ten days the whole escaped by the natural passage. At the end of a fortnight the wound was nearly healed, and he was well enough to leave the hospital.

The operation was performed with a straight staff, resembling, with some modification, that used by the late Mr. Aston Key. Mr. J. Lane, who has been in the habit of using it for some time, considers that, although it may not be quite so convenient as the curved instrument during the first incisions, it is very superior in the facility and safety with which it conducts the knife into the bladder, and this is by far the most important part of the operation. After having made the superficial incisions, and entered the membranous part of the urethra in front of the prostate, he takes the staff in his left hand, and depresses it nearly to the horizontal line while making the deep incision into the bladder.

CASE 2.—W. T——, aged three years, was admitted on June 3rd, 1864, with symptoms of stone in the bladder. He had been complaining for six months, often crying loudly when passing his urine, which was sometimes suddenly arrested. He was constantly pulling at the end of the prepuce. He had never passed blood. A stone was at once struck with the sound.

On the 8th June, lateral lithotomy was performed by Mr. J. Lane in the same way as in the case first recorded, and a stone, one inch and a quarter in its longest diameter, removed. It proved on section to consist of uric acid, with a very thin layer of phosphates on its exterior. The child recovered favourably. The urine, which at first flowed by the wound, gradually returned to its natural channel; the wound healed, and he left the hospital cured on the 27th June.

WESTMINSTER HOSPITAL.

LARGE CALCULUS IN THE BLADDER; MEDIAN LITHOTOMY; DEATH FROM PYÆMIA.

(Under the care of Mr. BARNARD HOLT.)

THE notes of the following case were taken by Mr. G. Bate, house-surgeon:—

G. W——, aged thirteen, a pale thin lad, of semi-idiotic expression, was admitted an in-patient Dec. 17th, 1864, having suffered from the symptoms of stone for two years. He was sounded by Mr. Holt, who detected a calculus of considerable size, and determined to perform median lithotomy. Accordingly, on Dec. 20th, the boy was placed under the influence of chloroform, and Mr. Holt extracted, by the median operation, a large oval-shaped phosphatic calculus, measuring two and a quarter inches in length by one and a quarter in breadth. The patient progressed favourably till the evening of Dec. 23rd, when he complained of pain over the bladder and also in the left side; his tongue was furred and dry, and the pulse quick. Ordered the citrate-of-potash mixture.

Dec. 24th.—Sleeps well; bowels opened for the second time since the operation; pulse 120; face flushed. Complains of pain in the left side, and of tenderness of the abdomen on pressure. Ordered calomel-and-opium pill, and turpentine fomentations.

25th.—Is less feverish than yesterday, and complains less of pain. The pill was ordered to be omitted, as the bowels were too relaxed.

27th.—Patient much the same as at last report. Ordered the following mixture: tincture of cinchona, dilute hydrochloric acid, of each one drachm; syrup, one ounce; water, six ounces: to take three teaspoonfuls every four hours.

31st.—Bowels very much relaxed. Ordered the aromatic confection.

Jan. 1st.—Bowels still relaxed; tongue dry and brown; pulse weak; he does not suffer much pain. Is taking four ounces of brandy daily. Ordered an enema of starch and opium; and to take a mixture composed of the carbonate of ammonia, chloric ether, and the tincture of hyoscyamus. From this date the boy continued to get worse, the tongue becoming browner and drier, and the pulse weaker. From time to time he complained of pain in his side. He fell into a low asthenic condition, and died on Jan. 5th, at eight P.M.

Jan. 6th: Two P.M.—*Post-mortem examination.*—The

bladder contracted to the size of the stone, and its walls greatly thickened. The opening made into the urethra at the time of the operation would now scarcely admit the entire forefinger. In the abdomen there were about fifteen collections of pus, varying in quantity from a drachm to an ounce. There was no appearance of peritonitis. The right pleural cavity contained four ounces of pus, and the lung on that side was studded all over with abscesses, from the size of a millet-seed to that of an almond. The kidneys contained some calcareous deposit, but the liver and spleen were quite healthy.

The interest in this case mainly depended upon the long time the boy had suffered from symptoms of stone without its exciting the attention of the parents, who, believing he had disease of the kidneys, procured him admission under the physician of the week. Of course after this there was no doubt as to the nature of the case, and the introduction of a sound at once revealed the presence of a large stone; indeed so large as to fill the bladder, and prevent the sound being disengaged from the calculus. In Mr. Holt's opinion the size of the stone did not prevent its removal by the median operation, and this proved to be the case; for no difficulty of any kind was experienced in the operation, which was completed in less than a minute. Not a tablespoonful of blood was lost, and the neck of the bladder was not injured. In the first few days the patient progressed favourably, and the urine came by the urethra; but he subsequently complained of pain, first above the pubes, and then at different parts of the abdomen and chest. The pulse continued at 120, but he had neither rigors nor profuse sweating; indeed his skin was rather dry and hot: so far the symptoms not agreeing with those which are usually characteristic of pyæmia. To what effect the pyæmia may have been dependent upon the effect produced upon the constitution by long-continued irritation of the bladder, and probably blood-poisoning, may be considered doubtful; but as there were no unfavourable symptoms referable to the wound, which continued healthy to the last, it may be a question whether the pyæmia was not to be attributed more to the general state than to any absorption of purulent matter from the wound.

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

DEC. 7TH, 1864.

DR. OLDHAM, PRESIDENT.

Prof. Pajot of Paris, Prof. Hecker of Munich, and Dr. Marion Sims of Paris, were elected Foreign Honorary Fellows. Dr. J. B. Potter and Mr. G. H. C. Cooper were elected ordinary Fellows.

Mr. GAYTON presented to the Society a pair of Forceps with a spring-racket attached to the handles, as made at his suggestion, and employed by himself on many occasions without a still-birth.

Dr. BARNES exhibited a Piliferous Cyst of the Ovary.

Mr. BAKER BROWN showed a large Fibroid Tumour and Uterus, the latter containing a mass of fibroid growth, to which the ovaries were adherent, and enlarged by cystic disease. It was proposed to remove only the large mass, which from its weight had become so troublesome as to render the patient's life a burden. Upon opening the abdomen the tumour was found to be pendulous, attached to the uterus by a very small pedicle. This was divided by the écraseur, but as it contained a very large artery, profuse bleeding ensued; and it was then considered advisable to remove the whole uterus and ovaries in one. This was done, the cervix uteri being transfixed by two ligatures an inch and a half from the os, and each broad ligament being pierced with a needle and tied with strong twine. After the removal of the mass it was found that the ligature of one of the broad ligaments had slipped, and that bleeding was going on. It was taken up with the vulsellum, and a second ligature applied. The external wound being closed, the patient went on very well for ten hours, when, suddenly vomiting, she became faint, and shortly afterwards died. It was found at the post-mortem examination that bleeding had taken place from a portion of the broad ligament which had not been included in the second ligature. Mr. Brown remarked that in any future case he should tie the broad ligament with a double instead of a single ligature, to prevent the possibility of slipping.

Dr. GRAILY HEWITT exhibited Dr. Marion Sims's Modification of Chassaignac's Ecraseur, which did not arrive in time for the last meeting.

ON PUERPERAL EMBOLISM.

BY DR. W. WADE, OF BIRMINGHAM.

The author reviewed the history of the disease, which he took as a real evidence of the progress of medicine. He entered into a description of its nature and varieties, and gave a sketch of Virchow's doctrine and of his experiments upon the production of embola. He then described a case which had occurred in his practice, in a woman suffering from phlegmasia dolens, who was suddenly, during exertion, seized with severe dyspnœa three weeks after her delivery. The pulse was feeble; skin cold and clammy. This state continued, but became each day more severe, for a fortnight, when she died. As was prognosticated, a large clot was found in the pulmonary artery, extending from the third or fourth ramification.

Dr. GREENHALGH stated that cases of fatal embolism after parturition were rare. He had met with but one case in his own practice. It occurred in a very healthy young lady, who had been confined of her first child. She had had a perfectly normal labour, not followed by hæmorrhage or any untoward circumstance beyond some acceleration of the pulse on the third day after delivery. She was suddenly seized during the evening of the sixth day after her confinement with severe dyspnœa, acute agony in the cardiac region, and intense mental excitement, speedily followed by alarming prostration and death in less than three hours. No post-mortem was made.

Dr. BALLARD asked if there had been any febrile disturbance in Dr. Greenhalgh's case.

Dr. BARNES observed that the history of this case and of others in which embolism followed upon phlegmasia dolens had an important bearing upon treatment. Thus it was usual, after the subsidence of the acute symptoms of phlegmasia dolens, to rub the affected limb with the view of promoting absorption and supplying passive exercise to the muscles and other tissues. It might be that this friction would favour the detachment of a clot from the femoral vein, which being thrown into the circulation would constitute "embolism." This danger should be borne in mind. He thought the connexion between a febrile state and clotting or thrombosis, suggested by the question of Dr. Ballard, was very frequent. He believed in most cases of phlegmasia dolens there was a pre-existent abnormal state of the blood which predisposed to coagulation. He (Dr. Barnes) had gathered up in his memoir on Thrombosis and Embolia, published in the Society's "Transactions," vol. iv., most of the information at that time extant upon the subject. Since then, however, our information had been considerably enlarged by the publication of new cases.

AN INQUIRY INTO THE BEST MODE OF DELIVERING THE FŒTAL HEAD AFTER PERFORATION.

BY J. BRAXTON HICKS, M.D., F.R.S.,
ASSISTANT PHYSICIAN-ACCOUCHEUR TO GUY'S HOSPITAL.

In introducing the subject of this paper, the author said that, notwithstanding the employment of premature labour and version, cases would occur in which it was either necessary or desirable to perforate. He pointed out that the subject had of late years not received the attention it deserved. He alluded to the disputes which arose upon Dr. Osborn's case of E. Sherwood, when that physician asserted he could draw a child's head through a brim having an inch and a half antero-posterior diameter, by tilting the base of the skull sideways, and concluded that Cæsarean section might be done away with. The disputes which followed were so acrimonious that the valuable points elicited by Drs. Hull, Hamilton, and Burns were, to a certain extent, lost sight of, at least as far as they were calculated to give any rule in practice. Dr. Burns in particular deduced from his experiments that, the calvaria of the fœtal head being removed, the base of the skull could be drawn down easier face foremost than in any other direction. With this the author's experiments entirely agreed. And he pointed out further the advantage of the chin pointing anteriorly during the descent. He further instituted a comparison between the opposing diameters when the face is made to present and the other modes of drawing down the base of the skull. He then proceeded to answer the inquiry: if in cases of extreme lessening of the antero-posterior diameter, it is best to cause the face to present; and if, after simple perforation, it is best to continue vertex presentation, at what degree of reduction of the size of the head do the two presentations cause equal obstruction? This he answered by the results of experiments, which might be thus concisely stated.

That, as is acknowledged by all, vertex presentation in natural labour is the best; and that after perforation and evacuation of the brain up to the extent of one-fourth, this rule holds good; yet if the evacuation of the brain and collapse of the calvaria by this means, or by more or less fracturing the bones, be carried to a greater degree, we find that the facial presentation affords the easiest mode of delivery, provided that the mentobregmatic falls beneath the bizygomatic diameter. And, further, that if we remove the whole calvaria, leaving merely the base, and then induce face presentation, taking care that the chin, as it descends, points anteriorly, we diminish to the smallest possible amount, short of wholly breaking it up, the opposition of the head, leaving only from one to one and a half inch in depth to oppose the conjugate diameter of the brim, and from three to four inches at the outside to oppose the transverse. The author, as practical deductions from these facts, recommended that in cases where simple perforation failed, to allow the descent of the head in cases of obstruction,—say above three inches antero-posterior diameter,—to break up purposely and carefully the bones of the calvaria, and remove at least a portion, preserving the scalp as protection to the edges, and then to induce face presentation. That when the diameter was under three inches, then to remove all the calvaria, and then to induce face presentation, taking care to bring the chin forwards, if not already in that direction. Dr. Hicks then pointed out the facility of doing this with a small blunt hook, which could be readily and without chance of injury passed up to the orbit. The chin he had found had a tendency to point anteriorly upon being drawn down. He then entered upon some useful details, and compared this mode of craniotomy with the cephalotribe. He remarked that by this means, in deciding upon whether craniotomy or Cæsarean section should be performed, the head was not so much to be considered as the size of the body, in cases of brim obstruction.

The paper was illustrated by eight cases of craniotomy, six of which were required for contraction of the conjugate, and two for obstructions in cavity. In all the induction of face presentation was attended by instant and complete passage through the obstacle. In some of the cases the shoulder and pelvis of fœtus gave more difficulty than the head. The paper was accompanied by details of the experiments.

Dr. GREENHALGH considered that the author had done much service to the profession by bringing the subject forward in such a scientific and practical manner. He drew attention to the dangers attending cases of extreme deformity of the brim, remarking that there was a wide difference between extraction and safe extraction, especially (as is often the case) where the passages are swollen and inflamed. He called to mind the occasional difficulty of entering the skull with the perforator, and quoted a case where this was almost impossible. He thought, from a case which he had seen at Vienna, that he should use Braun's cephalotribe in a future difficulty. He had, in a case where the whole vault of the calvaria had been entirely removed before he arrived, delivered by fixing three crotchets outside of the presenting part.

Reviews and Notices of Books.

A Manual of Military Surgery, for the Use of Surgeons in the Confederate States Army. By J. JULIAN CHISOLM, M.D., Professor of Surgery in the Medical College of South Carolina, Surgeon in the Confederate States Army, &c. Third Edition. Columbia: Evans and Cogswell. 1864.

THIS is the third edition of a very handy, comprehensive, and what must have proved itself to be a very valuable manual of instruction for the use of the surgeons on active service in the armies of the Confederate States of America. The peculiar circumstances which led to the publication of the work are mentioned in the preface to the first edition.

"Most of those who now compose the surgical staff of the Confederate service," it is there remarked, "were general practitioners, whose country circuit gave them but little surgery, and very seldom presented a gunshot wound. When the war suddenly broke upon us, followed immediately by the blockading of our ports, all communication was cut off with Europe, which was the expected source of our surgical information. As there had been no previous demand for works on military surgery, there were none to be had in the country, and our physicians were compelled to follow the army to battle without instruction. No work on military surgery could be purchased in the Confederate States. As military surgery, which is one of expediency, differs so much from civil practice, the want of proper information has already made itself seriously felt."

Strictly speaking, the work of Dr. Chisolm should be entitled a manual of "instructions for military surgeons," rather than a manual of "military surgery;" for the science and art of field surgery form but a portion of its contents. The book is divided into twelve chapters, and the first five of these are devoted to the hygiene of armies—the administrative regulations of the Confederate States' army hospitals—the means of transporting the sick and wounded—the medical organization in the Confederate service, with an account of the organization in the chief European armies—the duties of the surgeons and assistant-surgeons in camp and on the battle-field, and the arrangements to be adopted at the field infirmaries. The remaining chapters comprise the subjects of gunshot and incised wounds, with their consequences, in the several regions of the body, and their treatment by operative interference or otherwise. There is one chapter on a subject which we should have scarcely thought would have required even a passing notice, from consideration of the material of which the Confederate armies must be mainly composed, and the circumstances under which they are fighting—viz., a chapter on malingering; but the author writes, that experience of "the frauds daily practised upon medical officers by impostors, who feign disease to escape military duty," has induced him to offer to the army-surgeons the suggestions which this chapter contains.

We will briefly glance at the manner in which the author deals with the several subjects above-mentioned, premising that, in the preface to the first edition, acknowledgment was made of very liberal use of foreign works, a list of which was then given. This list, together with other references in the text, shows that nearly all the most recent English, French, and German works on military surgery have been consulted. The author also, in the preface to the present edition, dated June, 1864, states that he is under heavy obligation to his friend, Surgeon H. Baer, who has collated for him condensed tabulated reports of the official returns sent in by all the hospital and field surgeons of the Confederate army; by which means an opportunity of contrasting the surgical experience of the Confederate service, "during three years of incessant and bloody warfare," with the surgical experience of European armies, has been afforded.

The instructions on military hygiene are chiefly limited to the consideration of the best means of preserving the health of the troops under the special circumstances in which the Confederate armies are placed. Recruiting, conscription, marching, encampments, messing, clothing, and the influences of camp-life upon bodies of men, are the subjects treated upon. It is evident from various observations in this chapter that, notwithstanding the limited resources of the Confederate States in *men*, the preservation of the health of the troops was a secondary consideration amongst the commanding officers, until the effects produced by hygienic neglect were too manifest to be any longer overlooked. The following remarks are but the repetition of an old story:—

"After nearly three years of bitter experience, we are only now learning the art of war; and as men are with us the greatest desideratum, officers are beginning to feel the importance of the following maxim: 'Although the arms are the fighting weapons, the soldier is the machine which wields them.' And as there will be, even in the most active campaign, at least an average of twenty marching days for one fighting day, if the soldier's welfare, health, and comfort have not been carefully attended to during the twenty days, his musket will be of little use to him on the twenty-first. It is to him, therefore, that the greatest attention is due."

The careful selection of recruits, as practised amongst us, or

of conscripts, as in continental armies, is unknown in the Confederate armies. The entire male population is absorbed in them. "Every able-bodied man between the ages of eighteen and forty-five is not only enrolled, but actually put into the field. These form the movable army of the Republic." In addition, for local defence, "all such as are capable of bearing arms, between the ages of sixteen and eighteen and from forty-five to sixty," are called out. But men frequently enter the ranks of the movable armies who are outside the prescribed limits of age, so that some districts have given up their entire healthy male population, "the only representatives left being old decrepid men, or invalid, maimed, and broken-down soldiers." This particular composition of the Confederate armies—including men from every position in life, men of every variety of temperament and constitution, many who have habitually led lives of ease and luxury—has had a special influence on the sanitary condition of troops in the field. Exercise in the open air has led to a surprising physical improvement in many, and has counteracted the would-be injurious effects of various unhygienic agencies. But during the first twelve months of the war there was a great amount of sickness; and Dr. Chisolm concludes that "it requires at least twelve months for a recruit to exhaust the list of initiatory diseases, and to inure himself to the privations, exposures, and labours of veterans." The same fact is constantly observed amongst fresh conscripts: no reliance can be placed upon them until an initiatory acclimation of several months has been passed, on sick-roll and in hospital; and even then a march will often exhibit their incapacity for the serious work of a soldier. Dr. Chisolm does not mention the proportion that has become disabled during this early conflict with the circumstances of camp-life. But what has been the effect of sending young men at eighteen years of age on field service? In one place (page 8) Dr. Chisolm mentions that the chivalry of the youth in the Confederate States had "induced large numbers between the ages of fourteen and eighteen to enter the army." We know that, in Europe, those who have most deeply studied the subject have come to the conclusion that to expose youths under the age of twenty or twenty-one years to the hardships of war is nothing else but a cruel and lamentable waste of human material. Dr. Chisolm says that the experience of the Confederate armies does not corroborate the experience of European armies in this respect. Youths of the ages above-named "have shared the toils, fatigues, and privations of our troops in one of the most active series of campaigns in the experience of modern warfare. So far from encumbering the hospitals, they now comprise our most robust and best soldiers, capable of undergoing great fatigue and privations, and equal to any emergency."

The following is mentioned as a striking illustration of the beneficial effects of pure air and exercise in counteracting the influences of exposure, irregular food, and other unhygienic conditions. Prior to the taking of Fort Sumter, the militia—composed in a large measure of clerks, merchants, and professional men—were called out to protect the batteries in the neighbourhood of Charleston harbour.

"Many of them," Dr. Chisolm writes, "of delicate frames and frail constitutions, exposed themselves upon sandy islands directly upon the sea-beach, with little or no protection. They were badly housed, irregularly fed, and miserably watered. Their daily duties were, with pick and shovel, to throw up redoubts, establish batteries, and mount heavy ordnance, during the day; while their nights, when not spent in anxiously watching for an expected invasion, or performing tedious guard during a very long spell of stormy wintry weather, were forgotten in sweet oblivion upon the wet sand, at times without the shelter of a tent. Notwithstanding such exposure, the sanitary condition of the troops was excellent; and many, of delicate frame, returned to their homes, at the expiration of two months, sturdy robust men, with an addition in some cases of twenty-five pounds weight. All, without exception, were improved by the change of life under the exhilarating influence of sea air and active exercise."

Dr. Chisolm agrees with all experienced military surgeons, however, that in order to preserve the health and efficiency of troops under the vicissitudes and fatigues to which they are exposed in campaigning, and to obtain from them their full capacity of labour, they must be well fed, properly clothed, and carefully protected against the injurious influences to which they must be hourly subjected. The rations of the Confederate soldiers have been unavoidably of the plainest kind. In the Confederate service the soldier's ration, *theoretically*, appears to be ample enough; but, "from the scarcity of many of the articles, they have been rescinded from the issue, and the ration has been reduced to its simplest form of beef and flour." (p. 39.) Neither coffee nor tea can be obtained by the troops, inasmuch as the stringency of the blockade excludes both of these articles from commissary stores, except in small quantity for hospital use. The issue of flour as part of the ration has been very objectionable, on account of the want of conveniences for cooking it into good bread. Dr. Chisolm mentions some of the methods which necessity has led the soldiers to adopt in cooking it. Some of the Confederate armies have suffered from scurvy, and the effects of drinking bad water. "Scurvy has often appeared in our armies. During the spring of 1863, it was prevalent in the army of the Potomac. It was corrected by the issue of anti-scorbutics; but more especially by the use of wild herbs, which were collected by men sent out for that purpose. With beef and the herbs an excellent soup was made, which was found the best corrective for the scorbutic symptoms." Again, "at the time of, and after, the battle of Shiloh, from the scarcity of good water, and the filthy, muddy condition of the little which could be obtained, an epidemic of diarrhœa and dysentery, with typhoid complications, decimated, and at one time threatened to destroy our army." It is not necessary to follow the sanitary instructions which are given by Dr. Chisolm in this preliminary part of his work, for they are generally in accordance with the recommendations and rules with which readers must be familiar from other sources. Dr. Chisolm shows that the deaths from disease have been tenfold the deaths from wounds, actively and constantly engaged as the Confederate troops have been in warfare. He quotes the following as a fair illustration:—

"Surgeon M'Caw, in charge of Chimborazo Hospital at Richmond, in his report from Nov. 1st, 1861, to Nov. 1st, 1863, gives 47,176 admissions into his hospital; of which number, 6740 were from gunshot wounds. There were 3031 deaths; of which 377 were from the effects of wounds. From the position of Richmond, with railroad communications to the many battle-fields of Virginia, and the ready transportation for wounded men, this report may be considered to give a fair proportion of the sick and wounded in our armies; showing at least ten dying from disease for every one dying from the effects of wounds."

And on this account Dr. Chisolm urges that the efficiency of an army does not consist in its great numbers so much as in the sanitary condition of the men. "The duties of the medical staff are paramount, and the nation should look to them, as much as to the military leaders, for the successful termination of a campaign;" a doctrine the truth of which has been partly impressed upon the minds of the people of our own country since the events of the Crimean campaign, but is still apparently far from being one of the convictions of some of those who rule in army affairs.

We shall return to Dr. Chisolm's work on a future occasion.

OUR LIBRARY TABLE.

The Successful Treatment of Internal Aneurism. Illustrated by Cases in Hospital and Private Practice. By JOLLIFFE TUFNELL, F.R.C.S.I., M.R.I.A., &c. London: Churchill and Sons. Dublin: Fannin and Co. 1864.—Professor Tufnell relates six cases of internal aneurism, thoracic and abdominal, treated successfully by recumbence and restricted diet. The

cases are related carefully, and the results comprise the general opinion of the best modern authorities, that rest in bed and a light diet constitute the best treatment for internal aneurism. These principles, however, are so generally accepted, and have been so commonly enunciated of late by British surgeons, that we are somewhat surprised at the air of novelty which the author seems to give to them, "in the hope and assurance that they will ere long be the means of saving many a valuable life." It is an interesting clinical memoir, and will be read by all with profit. These cases show how much may be done by rest and diet; and in this Professor Tufnell is in accord with surgeons of the greatest experience on the subject. The most important moral we deduce from these pages is the extreme value of early diagnosis. Those who sometimes indulge in sneers at the refinements of stethoscopy and physical diagnosis, of percussion and palpation, will do well to reflect that by the use of the utmost refinements of diagnostic skill, and the most careful comparison of minute auscultatory symptoms, lives may be saved which would otherwise be lost. We are unaware whether Mr. Tufnell has met with other than these five cases of internal aneurism, or whether he has had only successes.

Selecta è Præscriptis. Selections from Physicians' Prescriptions, containing Lists of the Terms, Phrases, &c. By JONATHAN PEREIRA, M.D., F.R.S. Fourteenth edition. Churchill and Sons. 1864.—This little book has the prescriptive title to commendation which the eminence of its esteemed author, a large sale during many years, and acknowledged completeness of execution, give. But the very qualities which have gained for it success, will, it must be hoped, in time ensure for it oblivion. The abuse of Latin in writing long directions appended to prescriptions is, we trust, dying out. This is what such a book tends to perpetuate. All the directions of the British Pharmacopœia are now given in English, and we can hardly imagine the state of mind of a practitioner who would now use such models as these:—

"Recipe, Hydrargyri Bichloridi, grana decem.
Aquæ puræ, uncias decem.
Misce. Hoc liquore, ter de die, injiciatur ulcus, ope siphonis; post singulas injectiones materia relinquatur intra ulcus, et coerceatur per dimidium horæ, clausis omnibus aperturis; tumque externè prematur leniter ulcus, ut liquor ejectus per omnes sinus et meatus propellatur. *Mix. Let the ulcer be injected with this liquor three times in a day, by means of a syringe; after each injection let the matter (liquid) be left within the ulcer, and let it be kept there for half an hour, all the apertures being shut; and then let the ulcer be lightly pressed externally, that the ejected liquor may be propelled through all the sinuses and passages.*"

"Recipe, Pulveris Opii, semidrachmam.
Unguenti Cetacei, unciam.
Misce; fiat unguentum. Hujus pauxillo inungatur locus umbilici subinde; aut magnitudinis dimidia juglandis nucis, putamine decerpto, eidem loco adponatur. *Mix. Let an ointment be made. With a little of this let the umbilical region be anointed now and then; or let a piece half the size of a walnut without its shell be applied to the same place.*"

Why this should not be written at once in plain English it is impossible to say. Certainly the physician's English is likely to be better than the druggist's translation; and if neither patient nor druggist is a good Latinist, awkward mistakes might follow. It is well enough to use Latin words for the names of medicines; but let the directions to patients be written in the language which the patient understands. This is a book which belongs to a past period of pharmacy, and is one which, in our opinion, all practitioners would be better without possessing.

The Laryngoscope: Directions for its Use, and Practical Illustrations of its Value in the Diagnosis and Treatment of Diseases of the Throat and Nose. Two Lectures delivered at the Royal College of Physicians. By GEORGE JOHNSON, M.D., F.R.C.P., Professor of Medicine in King's College, &c. London: Hardwicke. 1864.—These lectures give a very clear, simple, and useful account of the mode of practising laryngoscopy, and the results which may be expected from its employment. The laryngoscope is now fully naturalized in this country. The practical genius of the English profession has seized at once upon this valuable addition to our diagnostic and therapeutical means, and laryngoscopy has been practised more extensively and with more success in this country than even on the Continent, where it originated. This handy little book will give to practitioners, in a convenient form, information which all should possess, and we anticipate for it extended popularity.

On the Treatment of Rheumatic Fever in its Acute Stage exclusively by Free Blistering. By HERBERT DAVIES, M.D., Physician to the London Hospital, &c.—We have here a reprint of a paper from the recently-published "London Hospital Clinical Reports." Dr. Davies informs us that since its appearance he has in both hospital and private practice systematically pursued the mode of treatment adverted to in the paper, and has obtained such valuable results as to lead him to hope that the plan suggested presents the most efficient means of rapidly subduing the pain, limiting the duration, and diminishing the tendency to the production of cardiac disease, so characteristic of rheumatic fever. The data laid before us by the author of this new plan of treatment certainly demand the attention of practical men to this peculiar mode of treatment.

Essays on Infant Therapeutics, &c. By JOHN R. BECK, M.D. Third Edition, enlarged and revised. pp. 167. New York and London: S. Low. 1864.—When the first edition of this little volume appeared, we bestowed upon it our commendation. In its present state the work is still more worthy attention, particularly by the junior practitioner. He will find therein a most useful guide as to the administration to children of such potent agents, for evil or for good, as opium, tartar emetic, and mercury, and to the use of blisters and bloodletting. There are some interesting remarks made by the author upon the operation and use of ergot which more immediately concern the obstetric practitioner.

DELIGATION OF THE INNOMINATA, the CAROTID, AND VERTEBRAL ARTERIES.—On the 9th of May last, Dr. Smith, of the Charité Hospital of New Orleans, announced that he intended tying the subclavian artery, on the peripheric side of an aneurism. The patient was a mulatto, aged thirty-three, and the tumour large, with strong pulsations. Dr. Rogers, who was requested to be present at the operation, stated that it would not succeed, and advised the deligation of the innominate, and the carotid, as he had proposed in 1849. The procedure was put off for a few days, and on the 15th of May Dr. Smith, in the presence of several civil and military surgeons, tied the innominata and the right carotid at about an inch from their origin. The wound was dressed in the ordinary way, and the patient put to bed. On the 28th, the thread of the carotid fell, and on the 29th hemorrhage occurred, and was arrested by a slight compression. On the 30th and 31st hæmorrhage again occurred. On the 1st of June, the bleeding taking place again, Dr. Smith removed the lint, and filled the wound with shot. On the 2nd, the ligature of the innominata became detached. On the 17th, a portion of the shot was removed from the wound, and, as bleeding was observed a few hours afterwards, the shot was replaced. Hæmorrhage was seen again on the 5th and 6th of July. Believing the bleeding to proceed from the vertebral artery, through the subclavian, Dr. Smith tied the vertebral artery on the 9th of July. No hæmorrhage up to the 19th, when the thread applied to the vertebral fell. Some pulsation seemed to be noticed in the radial, and the aneurismal tumour had disappeared. On the 30th, the general health was much improved, and the wound almost closed. The patient was walking about the ward, and expressed a wish to return home. On the 9th of August the tumour had vanished, the wound was healed, and the patient walking about.

M. MALGAIGNE.—This eminent surgeon, distinguished orator, and accomplished author, is now presiding over the Academy of Medicine of Paris. From the remarks made by M. Malgaigne on taking the chair, we perceive that he is in a very weak state of health. The Paris medical press is wishing the worthy representative of French surgery a speedy recovery, and we heartily join in this prayer.

THE LANCET.

LONDON: SATURDAY, JANUARY 14, 1865.

THE College of Physicians is placed in a position of some difficulty. By certain of its bye-laws a duty is imposed upon the Council which experience has shown to be not only onerous but fraught with manifest objections. The circumstances have been carefully considered by the Council, but they are unable to suggest any alteration which would be likely to be attended with advantage. It may be useful, therefore, to refer briefly to the point at issue, with a view to the suggestion, if possible, of some means by which the difficulty may be solved, with satisfaction at once to the Council and the important body which it represents.

It is provided that the Council shall annually, prior to the 25th of June, nominate from the members of the College, of not less than four years' standing, those who in their opinion have sufficiently distinguished themselves in the practice of medicine, or in the pursuit of medical or general science or literature, to be proposed for election as fellows at the next ordinary general meeting of the College; and no member shall be so nominated who has not received the votes of at least ten members of the Council. The President, Censors, Treasurer, and twelve other fellows, constitute the Council. The members of the College at the present time amount to about 580. Deducting those not qualified by time, the respective merits of about 500 gentlemen require to be estimated by the small body of the Council, and to be so generally appreciated as that a clear majority shall attend the nomination of each proposed fellow. Living as we do at a period singularly distinguished for diversities of opinion upon medical science, it is impossible to overlook the extraordinary difficulty by which such a task is beset. It is marvellous indeed, not that grave dissatisfaction should frequently follow the production of the Council's list, but that the duty should ever be performed without the production of serious jealousy and disagreement. There is no occasion to consider how often the proceedings have been attended with this latter result. It is sufficient that the last meeting which was held for election of fellows was characterized by painful circumstances. The Council list was strongly objected to on the ground that the claims of many members, and of one in particular, senior to some of the nominated, had been passed over; and a motion was carried that the list be referred to the Council for amendment. But the day upon which the meeting was then being held was the 25th of June, and the bye-laws require that the nominations should be made prior to that date. There was not time, therefore, for the Council to reconsider their list; and the consequence was that out of the ten gentlemen nominated but five were elected, and those by only a narrow majority. There was no personal objection, it is believed, to the rejected members, whose claims were indeed unexceptionable; but the blackballing was directed virtually against the Council, whom it was thus intended to punish through their innocent and unconscious nominees. Such a proceeding could not fail to produce grave doubts as to the expediency of continuing the present mode of election, and the question of alteration has been very properly considered by the Council, though unfortunately without a favourable result. At a late meeting of fellows the Council reported that, after due deliberation and consultation with the solicitor of the College, they were unable to suggest any improvement, although they could not but regard the nomination of fellows as the most onerous and responsible of their duties. And so the matter rests. With a general regret for the past, there is no security for the future. Precisely similar proceedings may disgrace the next meeting for election of fellows, and we may again have to record a system of reckless blackballing, such as every now and then stirs up dissensions in a London club, but which is singularly out of place in an institution the fellows of which are required, in the words of their ancient charter, to be not only "profound," and "sad," but also "discreet."

It appears to us that there are two methods by which the recurrence of a similar difficulty may be avoided. One is by the establishment of a system of examination for the fellowship corresponding to that pursued at the Royal College of Surgeons. The other is by arranging that the fellows themselves shall propose members for nomination. The first is, doubtless, the simplest mode of dealing with the question; but, on the other hand, there are objections to such a course which perhaps render it unadvisable. By the bye-law of the College which relates to this subject, members to be qualified for nomination as fellows must have "sufficiently distinguished themselves in the practice of medicine, or in the pursuit of medical or general science or literature." These are conditions which cannot be tested by an academic examination, however stringently conducted. Something more than an intimate acquaintance with received opinions upon medical science is evidently expected from those it is proposed to promote in rank. There is an element of originality implied if not expressed, and an examination-room is the last place in which a prudent man will venture to ventilate views which are not in accordance with the prevalent ideas of the day. Again, the whole field of medical science would have to be embraced in an examination of this kind; and we know perfectly well that there are numerous profound investigators who, from having long employed their intellects in a particular channel, would be unfitted to shine under such circumstances. On the other hand, there are plenty of men possessed of a happy facility for displaying their acquirements before examiners who have never made, and are never likely to make, a single original observation of any importance. The profession generally is the only safe judge of the attainment of distinction in the practice of medicine by any physician. It is undesirable also to increase the number of examinations of men actively engaged in practice. Such ordeals, which are indispensable at the entrance into professional life, are simply vexatious to the practising physician. As it is, indeed, the College might well dispense with one of these barriers, and take it for granted, without much danger, that graduates of English universities are eligible for an *ad eundem* membership.

A method of election closely resembling that pursued at the Royal Society, and which is found to answer the purpose very well, might, we think, be adopted with advantage by the College of Physicians for the election to the fellowship. Some such scheme as the following, modified perhaps by circumstances

as to its details, would obviate many of the objections which surround the present custom. Towards the period of election, the fellows themselves would cast about them, and consider what members were, in accordance with the qualifications required by the charter, most entitled to promotion to the rank of fellows. The members so fixed upon (provided of course that they were willing to accept the honour) would require to be supported by several fellows—say a dozen. The support of these would have to be sought, not by the member himself, but by the fellow who proposed him. This would obviate the awkwardness liable to occur were the member himself to seek signatures. He should occupy, indeed, much the same passive position in the matter as does the unconscious and (as they say) unwilling cleric upon whom a mitre is bestowed. The names of distinguished members, thus supported, would be presented to the Council, whose duty it would be to select from the list a *definite* number of those whom they considered the most entitled to the honour. This list would be laid before the fellows at a meeting antecedent to that fixed for the election. Under existing circumstances, the Council list may be brought down on a day so near to that of the election as to leave no time for reconsideration, however strong may be the necessity for such a step. The fellows have no option, therefore, but to accept or reject.

It may be objected, perhaps, to the plan we have described, that, in the end, the difficulty remains as before, and that the fellows are just as likely to be dissatisfied with the Council's choice. But this, although a possible contingency, is not probable. The fellows will have had a most important voice in the matter; at present they have none. There will be a complete safeguard against the claims of any worthy member being forgotten; it is impossible by any means to guard against a difference of opinion in estimating their value. On the other hand, the Council would have their task enormously facilitated by reason of the list having been filtered, as it were, through the fellows, before it comes before them for consideration. We believe, indeed, that by the suggested method the Council list would be assured of the same certainty of acceptance as always accompanies that presented by the Council of the Royal Society. As regards the number which the Council should be empowered to select, a little consideration of the present average would be necessary. Probably about ten would be found sufficient. One important feature in the number being fixed would be that the unsuccessful candidates would be spared the pain of feeling that they had been rejected. If not elected, they would be aware that there was a sufficient number whose claims were considered stronger than their own—not that they were unworthy. It would be in their power, if they chose, to be put forward on another occasion, with more prospect of success. At least they would be certain that their claims would receive a thorough investigation, and would have no fear of being overlooked amongst the enormous crowd from which, under the present arrangement, it is the business of the unaided Council to select a fortunate few.

THERE is, perhaps, nothing more striking and significant in the social history of our labouring population than a comparison of the actual dietaries of the same class in the three divisions of Great Britain—England, Ireland, and Scotland; for we find the existence of an apparent paradox—diminution of nourishment with increased means of purchasing food, comparative riches with comparative want, absolute poverty with sufficiency. Thus, let us take the case of the farm labourer, which has been so recently investigated by Dr. EDWARD SMITH for the Privy Council, and the fact, with its explanation, becomes patent.

In the poorest districts of Ireland, as Kerry, Clare, Connaught, Connemara, the peasant lives almost exclusively upon two kinds of food—butter-milk or skim-milk, and potato or Indian corn meal; potato and butter-milk in the summer, Indian meal and skim-milk in the winter. With the former he eats salt, and sometimes a little butter; with the latter, salt and a little treacle or sugar occasionally. Here we find a diet of the simplest and most primitive kind, composed of foods which are produced on the spot and cost little, or are imported, and are the cheapest of their kind. Not, however, as poor as simple, for milk and Indian corn are the most nutritious of foods; nor insufficient because simple, for they are eaten in large quantity, and the result is, that so long as this sufficiency is maintained, the country produces stalwart men, and stout healthy lasses. It is the poverty of the people which has induced this simplicity, and the cheapness of the food which has led to the sufficiency. It is said that the Irishman lives on potatoes; but no mention is made of the butter-milk, and a diet of 10½ lbs. of potatoes and 3 pints of butter-milk a day, or of 2 lbs. of Indian meal and 3 pints of skim-milk, is no insufficient dietary for a labouring man. If it be replied that such quantities of potatoes and Indian corn cannot be digested, we only remark, Go and see the people living upon them, looking healthy, fleshy, and able to work, and whilst they will say that they long for what they call the better food of the English labourer, you will not deny that they show conclusive evidence (so long as they can get the food) of sufficient nourishment.

The peasantry in the Western Highlands of Scotland lived in a manner very similar to that of the Irish until the occurrence of the potato disease; for in both countries alike potato grown by their own labour, and therefore costing them very little, and milk in some of its forms, constituted the chief dietary. In both, moreover, the peasant was able to feed a pig on his stock of potato, and thus to pay his rent, and to create a supply of bacon for the use of his family. Since that period the potato has not sufficed to feed his family and his pig; but oatmeal has been more largely added to his dietary, and he has had to forego the advantage of his pig. In both conditions alike he has obtained milk. The present allowance to a farm labourer in the Highlands is 14 lb. of oatmeal per week, and 1 Scotch pint (or 3½ English pints) of milk per day. So far we have another instance of an extremely simple and nutritious dietary; but it differs from the Irish in that oatmeal is nearly twice as expensive in cost to nutriment as Indian corn meal. Further, the Scotch labourer more frequently obtains meat than the Irish labourer, since the shepherds are allowed the use of sheep which have died of the braxy, or, as in the Lowlands, the braxy sheep are divided by the employer amongst all his labourers. This, although given as a part of the wages, is in fact obtained by the peasant without expenditure of money, and is believed to be of great service to him. Another difference, and one which is rapidly advancing, is the greater consumption of tea amongst the Scotch than the Irish labourers.

Now see the change from this state of things which is met

with in England. The English labourer no longer receives his wages in kind as in Scotland—in house-rent, oatmeal, and milk—in necessaries which alone would suffice to keep him in health, but in a sum of money, which varies in amount from 9*s.* to 18*s.* a week, according to the part of the country in which he happens to live. This insufficient or sufficient income is further varied by the fact that in certain parts of the country his children can obtain more highly remunerative labour, whilst in others they can only scarce crows and pick stones at 2*d.* per day; and it is curious to note that where the higher wages are given the children obtain good employment, and where the wages are least the children add less to the income of the family. This is, of course, due simply to the demand for labour in the several localities; but to this we need not further refer than to point out how different is the condition of the same class of labourers, doing the same work, in the different counties of England.

The increasing wealth and civilization of the country have led to these results in the dietary of the poor: that milk can no longer be obtained in quantity the least approaching to that eaten in Ireland and Scotland; the labourer has not sufficient land from which he may derive a large crop of potatoes for the use of his family and the growth of a pig, and is thus not only deprived of the opportunity of converting his spare time into money, but must pay money for nearly all the food which his family needs; and a habit has been acquired of despising inferior foods, as butter-milk and whey, and of desiring various and expensive foods, such as are eaten by his richer neighbours. All this follows the march of civilization and wealth; and when the labourer is of the worst-paid class, how seriously does it tell upon the nourishment which he obtains.

See also how much of this flows from that most serious defect—the insufficient supply of milk. In the absence of milk, tea is introduced to give a warm meal, costing much and yielding little. Sugar must be obtained to drink with it. In the absence of the butter in the milk, butter or other expensive fats must be bought; and, from the want of the nitrogen in the milk, meat—a most expensive food—must be obtained. The Irish labourer obtains 6 pints of butter-milk, or 3 pints of skim-milk, for 1*d.*, and obtains it in abundance; the English labourer, in two-thirds of the whole country, cannot obtain it at any price, or can only purchase a most insignificant quantity (say 1 pint per day for the whole family), and must give for new milk 1*d.* to 2*d.* per pint, and for skim-milk and butter-milk usually ½*d.* per pint. Hence follows the necessity for spending money upon foods infinitely dearer in relation to their nutriment; and with an income twice as large as that of an Irish peasant, he is not half so well fed.

If we take the state of the dietary of the English labourer on the average of the whole country, we find that each adult (male and female together) obtains weekly 12¼ lb. of bread-stuffs, 7½ oz. of sugars, 5½ oz. of fats, 16 oz. of meat, 32 oz. of milk, 5½ oz. of cheese, and ½ oz. of tea, besides beer or cider—a varied and costly dietary. But the state of the labourer in the south-western districts is far worse than this; as, for example, in Somerset, where the diet consists of 10½ lb. of bread-stuffs, 3½ oz. of sugars, 3 oz. of fats, 6¾ oz. of meat, 10½ oz. of milk, 4½ oz. of cheese, and less than ½ oz. of tea, for each adult weekly. The cost of this is 2*s.* 7½*d.* per week, whilst that of the Irish labourer is 1*s.* 9½*d.*; but how vastly inferior is the former to the latter may be seen at a glance, and yet more accurately by calculating the nutritive elements contained in the two dietaries. Thus in the Somersetshire dietary there are 33·832 grs. of carbon and 12·987 grs. of nitrogen; while in the Irish dietary of 10½ lb. of potatoes and 3 pints of butter-milk, or 2 lb. of Indian meal and 3 pints of skim-milk, there are 65·000 grs. of carbon and 26·80 grs. of nitrogen, or 47·000 grs. of carbon and 26·80 grs. of nitrogen—a difference so vast that no difference in the digestibility of the two foods could reduce them to a level. Hence this class of English labourers are thin and weak, and their families scrofulous and consumptive.

If such are the results of the advancing civilization, it is to be devoutly hoped that the labourers will emigrate to new countries where with poverty there will be the primitive simplicity of diet, or to other counties where the remuneration given for their labour more nearly corresponds to their own wants. But it is high time that the wages in the South-Western counties were greatly increased.

Medical Annotations.

"Ne quid nimis."

THE OPENING OF THE SMYLY WARD FOR CHILDREN IN THE MEATH HOSPITAL.

IN two respects at least this event in Dublin the other day was an interesting one. It is refreshing in these days, when we hear so much about the neglect and mortality of infants, to have proof that the care for them exists in those large cities which are generally supposed to be inimical to infantile health and life. It seems to us a very beautiful form of charity, the founding of an infants' ward described by *The Times'* correspondent as a model of neatness, and having at the head of each bed the name of a lady who has undertaken to support it either from her own resources or money collected amongst her own friends. Such an arrangement has this great advantage—it is likely to secure for the occupant of the bed the personal interest of the supporter of it. What has been well said of the Church is too true of the charity of the country—it is too impersonal. Men or ladies subscribe handsomely and in large sums to our hospitals without feeling that they have made an easy bed for any particular sufferer, and of course the particular sufferer has not the pleasantness of a personal association with the accommodation often so greatly prized. This disadvantage is obviated by the plan of the Smyly Ward; and we scarcely know which to predict most confidently—the pleasure of the ladies whose names are to figure at the head of these "pretty little beds," in knowing that they are constantly finding a bed for a poor sick child, and so realizing, in a most perfect and unobjectionable manner, the character of sisters of mercy; or the enhanced good which must accrue to the child so befriended.

The ceremony of opening the ward was made all the more interesting by a little respectful difference between Dr. Stokes (who read an address) and the Lord Lieutenant. Most such occasions are rather dull from the very amount of agreement and civility which obtains. Everybody seems to agree with what everybody says. Lord Carlisle was especially a great master of euphemism. But the present Lord Lieutenant seems more dialectic in his turn, and this is a lively quality not likely to be unappreciated in Ireland. His Lordship respectfully but decidedly joined issue with Dr. Stokes (no mean authority) on the significance of infantile mortality and the merit of special hospitals. "Lord Wodehouse referred to the statistics quoted in the address of Dr. Stokes, and rather dissented from the remark that great infantile mortality in any

population was a sure sign of its degeneracy. That observation seemed to Lord Wodehouse to be founded on a mistake; for in Russia, where he had an opportunity of observing the matter, there is a large proportion of deaths among infants, but the adult population are none the less vigorous on that account."

The value of infantile mortality as a criterion of the condition of a country, it seems to us, will depend much on the nature of that country. In the cold of Russia a cause of infantile mortality exists which does not obtain to anything like the same degree with us. There might be a greater infantile mortality with less discredit to the physical or moral condition of the people than with us. No doubt cold is a great agent in the production of our infantile mortality. But it will not explain the most of it. It will not explain otherwise than in a secondary way why more than three times as many children die in Liverpool and Coventry than die in Glendale and Rothbury. The place with the least mortality has the most cold. And unless our information is all at fault, the principal causes of the excessive mortality of children are indicative of degeneracy. Here, however, we can allow something to the Lord Lieutenant. The degeneracy does not immediately appear in the adult population, at least in a physical way. One principal cause of the mortality is ablactation. The mother instead of nursing her child goes out to work in the field or in a factory. In agricultural districts, the mothers of children who pine away and die often look well. Field work, though bad for the children, is good for the mothers. But it is easy to see that even in these districts the degeneracy must ultimately become physical. When those children who are being drugged with opium, and fed with "sugar sop" instead of milk, come to be the men and women of the country, it is hard to believe that we shall not detect signs of physical degeneracy. Meantime, even in the agricultural districts, where this large infantile mortality exists, there is a serious moral degeneracy, "a vast quantity of reckless fornication," and an inhuman want of respect for the lives of young children, leading to practical infanticide on an extensive scale, understood and connived at by the populations at fault.

In manufacturing towns a similar infanticide obtains without the redeeming advantage that the employment which takes mothers away from children has a beneficial effect upon their physical system. We do not know whether Lord Wodehouse meant to demur to the opinion that *our* infantile mortality implied degeneracy of some sort. If he did, we must respectfully differ from him. Children are easily killed. There are causes of death amongst them which are not discreditable to a country. Such may be the case with Russia. But that in this country thousands of children are annually killed by discreditable and deteriorating agencies, by poison and by want of proper care and food, is, we fear, an impression not founded on a mistake, and the sooner it is recognised by statesmen as well as physicians the better.

We cannot now discuss his Lordship's arguments for special hospitals. The only real difference of opinion is as to the point where specialism is to stop if it is not to have a narrowing effect on the medical mind, leading men to view parts of the human body in absurd dissociation from itself. It seems more necessary to be solicitous about the broad and general culture of medical practitioners than about the development of specialties.

THE SEEDS OF DEATH.

REVERENCE for the dead is carried to such extremes in this country that it seems to be a point of honour or of duty to take every possible care to transfer the seeds of disease and death from the bodies of the departed to those of the survivors. The practice of retaining the bodies of the dead in inhabited houses for six, seven, and even a greater number of days is one that ought to be repugnant to every sense of propriety. It is fraught with the most imminent danger. It can only be defended on the principle which urges the Hindoo woman to burn herself with the remains of her husband. It is analogous to that "custom" of certain African tribes which prompts them to immolate wives and servants over the graves of departed chiefs. In civilized London the "custom" is, indeed, observed in a different way. A person dies of scarlatina or typhus. His body is kept to propagate the disease amongst the living, and this frequently amongst those who are bound by no tie of family to the deceased. The victims are often the children of strangers who happen to live in the same house. Dr. Barnes believes that during the last two years a large number of childbed women have been sacrificed in this way. Under the exalted susceptibility of their condition they have hastily caught the germ of scarlatina thus sown, and have died of a supposed puerperal fever. It seems not improbable that the practice is more efficient than all other causes in maintaining and spreading infectious diseases. Nor is its pernicious influence thus limited. Even bodies of persons dying from ordinary diseases will, during decomposition, emit gases having the most injurious effect upon health. The proper disposal of the dead is, therefore, a matter of the highest sanitary interest. Dr. Barnes has done good service in drawing public attention to it in a practical manner. He has submitted the following suggestions to the General Purposes Committee of the Association of Medical Officers of Health:—

There appear to be five principal quarters to which appeal for aid in carrying out measures for diminishing the evil may usefully be addressed:—

(*a*) The medical profession generally (through the medical press).

(*b*) The vestries, district boards, and boards of guardians (these to appeal to the public).

(*c*) The Registrar-General.

(*d*) The cemetery companies and undertakers.

(*e*) The hospital authorities.

For the Vestries.

(*b*)—1. That a circular be prepared for submission to the vestries and district boards, setting forth the dangers arising from the existing practices relating to the dead previous to burial, and containing the following recommendations with a view to the diminution of such dangers.

The circular to be sent, in the first instance, to the medical officer of health of each board, requesting him to submit it to his board.

2. That the extreme importance of providing some suitable place for the temporary deposit of dead bodies previous to interment be urged upon the vestries and district boards.

That the vestries and district boards be requested to use their influence with their boards of guardians to allow the use of the parochial dead-houses for this purpose.

3. That, as a sanitary measure, the vestries and district boards issue a public notice to be permanently maintained, as by painting on boards, and by printed placards, directing attention to the public danger resulting from the undue retention of the dead amongst the living, and stating that in cases of urgency the bodies of the dead may be deposited in the parochial dead-house under the security of a responsible officer, until arrangements are completed for the burial.*

4. That undertakers be informed that dead bodies can be received in the parochial mortuary, and be encouraged to deposit them in this place, rather than to keep them on their own premises.

5. That the undertakers and the master of the poorhouse be instructed in every case of a person dying in the poorhouse of scarlatina, fever, or other infectious disease, especially to surround the corpse with charcoal.

6. That the undertakers employed by the boards of guardians be instructed, when sent to bury a body from the dwellings of the poor, to surround it with charcoal.

7. That the vestries and district boards be invited to consider the propriety of applying to the Legislature for the enactment, in an amended Diseases Prevention and Nuisances Removal Bill, or otherwise, of clauses empowering them, as

* The construction of regulations for the reception and care of the dead in the parochial (avoid the word "workhouse") dead-house or "mortuary" will require some consideration.

sanitary bodies, to provide mortuaries, and their medical officers to order the removal of corpses to such mortuaries; similar clauses being contained in the City Sewers Act.

(*c*)—1. That the Registrar-General be requested to append a note to the forms of the certificate of the cause of death supplied to medical men, recommending the use of charcoal in the manner described.

2. That the public be earnestly invited by placard (?) or by a notice, to be given in every case by the registrar, when applied to by the friends of the deceased for a certificate of the cause of death, to see that the body is surrounded by charcoal as soon as placed in the shell or coffin.

(*d*)—1. That a circular be sent to the cemetery companies, requesting them to establish depositories for the dead in convenient places for the reception of bodies waiting interment in their respective cemeteries.

2. That the funeral companies and leading undertakers be invited to establish convenient depositories, such as would, for decency and care, command the confidence of the public.

Measures for the Hospitals.

(*e*)—1. That a circular be issued (either by the Association or from the vestries) to each of the metropolitan hospitals, inviting the authorities to take measures that every dead body, before being allowed to leave their dead-houses, shall be duly surrounded with charcoal.*

THE CASE OF PHŒBE M'ENNIS.

WE are happily seldom compelled to notice such cases as that reported in *The Times* of Monday as having occupied the attention of Mr. D'Eyncourt, the experienced magistrate presiding at Clerkenwell. It rarely occurs that profligacy so gross is accompanied by heartlessness so abominable as that evinced by a person calling himself Wesley, and represented as a surgeon, residing at 126, Euston-road, lately acting as medical officer to the St. Pancras and Northern Dispensary in that locality. A poor girl, Phœbe M'Ennis, aged twenty-two, was charged with attempting to commit suicide by taking a quantity of chloroform.

"Mr. Wesley said he had known the defendant about eight months, that he had frequently visited her at her parents' home; he was well acquainted with her, and regretted that she had not gone home to her parents as he had requested her to do. He had written to her parents to take her away from his house, but they had not done so.

"In reply to a question from Mr. D'Eyncourt Mr. Wesley said that the defendant had been living with him, but he could assure him that it was very much against his will. She had come to his house, and he could not get rid of her, and what was he to do?

"Mr. D'Eyncourt inquired how the acquaintanceship commenced. Mr. Wesley said he first met her in the street, and had since kept company and corresponded with her. The statement that she took the chloroform because he was going to leave her was not exactly true. He had spoken seriously to her on Friday, and had told her that as she displayed her temper and did not please him as she had previously done, and as she had failed any longer to be of any use or pleasure to him, she had better take her departure. To his mind she was not leading a very creditable or praiseworthy life.

"Mr. D'Eyncourt.—You talk about her not living creditably! You seem to have made her life discreditable. (To the defendant.) Are you in the family-way by this man?

"The defendant said that she was, and that it was for this reason he now wanted to turn her off.

"The mother of the defendant, a respectable-looking woman, said that she was the wife of a coach-painter, and was sorry to see her daughter in such a position. Mr. Wesley met her daughter and represented himself to her as her sweetheart. He had been to her house as many as three times a day to get her daughter to leave her home, and now that he had got her in the family-way he wished to turn her off.

"Mr. D'Eyncourt remarked that no doubt Mr. Wesley ought to do something for the defendant.

"The mother said that she had several letters written by Mr. Wesley to her daughter. Previously to her knowing him she was a very good girl.

"Mr. Wesley said that the defendant used to be out late at night.

"The defendant, with warmth, said that the statement was false; she was never out late except with Mr. Wesley.

"Mr. D'Eyncourt, after expressing his opinion that Mr. Wesley ought to do something for the defendant, observed, it was not fair to leave the poor girl to the mercy of her parents or the world in the state she was then in, and Mr. Wesley's conduct was not right or fair. No doubt the defendant was in a state of misery and depression from the fear of having no home. He would now discharge her, and she had better go home with her mother."

On referring to the Medical Register we find John Sebastian Wesley described as House-Surgeon, St. Pancras and Northern Dispensary, Euston-road, M.R.C.S.E. 1862, L.S.A. 1863. We presume this is the individual in question. We write under his correction if it be otherwise, and at once declare that if the foregoing facts, as reported in *The Times*, be true, we are at a loss for terms to adequately convey our censure or to express our disgust. We do not claim for members of the medical profession an exemption from the follies or frailties of their fellow-men, but we must in the name of the profession insist that they maintain, at least, a decency of conduct. Mr. Wesley must have some education if he has no discretion. When, then, he ventured on the statement that this poor girl whom he seduced "lived with him very much against his will," and she, being pregnant by him, "failed any longer to be of use or pleasure to him," and therefore turned her penniless on the world, he exhibited an inhumanity which has few parallels in the records of shameless audacity allied with cold-hearted seduction. Of course, after such conduct, the authorities of the dispensary had but one course to pursue: they have dismissed Mr. Wesley from the institution. Has Mr. Wesley anything to urge in mitigation of the sentence thus passed upon him?

THE HEALTH OF THE CUSTOMS.

THE annual report of the Medical Inspector of the Customs, Dr. Walter Dickson, R.N., has a special interest. It makes known the state of health of a body of men between the ages of twenty-five and sixty years, and numbering not less than 1149, living amongst and under the same local conditions as the general community. The report for the past year shows that the health of this official force was during that period far above the general average of the community. A distinct relation is to be traced between the prevalent diseases and the duties of the men. The messengers, a comparatively small number, and chiefly above forty years of age, are less exposed than the other classes of officers, and they are not engaged more than six or eight hours a day. These men suffer most from rheumatism and gout. The watermen have very arduous duties to perform, and are exposed to extreme vicissitudes of temperature; they have also a share of night duty. Amongst this class rheumatism is the most frequent form of disease, and next to it affections of the respiratory organs; accidents also are not uncommon. "But, taken as a whole," Dr. Dickson says, "the health of this body of men is very satisfactory. Many of the cases of illness set down to them have been repeated re-admissions of the same individuals, and the great majority have not been on the sick list at all. This exemption from serious illness is mainly attributable to their being inured to labour and exposure by a hardier training. Most of them have been bred to the water from their earliest years." The out-door officers (the largest class) exhibit the highest proportion of sickness and mortality. Their duties are very various. Confined long in unwholesome vaults, exposed much to cold draughts and to the weather in the docks, on the wharves, and on the river, and subject to a considerable amount of night duty, they are liable to diseases resulting from exposure, particularly rheumatism and diseases of the respiratory organs.

* In support of this request, attention should be drawn to the frequent propagation of disease by the neglect of disinfection; to the fact that bodies are sometimes removed from hospitals to the houses of friends or to the premises of undertakers before interment; and that the observance of this precaution would act as a great encouragement to the general adoption of similar means amongst the public. Charcoal has been recommended on the authority of Dr. Letheby, who states that it is preferable to other disinfectants.

The mean daily number of non-effective men from sickness in the whole force was nineteen. The ratio of admissions to sick-list was 52 per cent. of the entire strength. The mean duration of each case was sixteen days. The loss of time through sickness was eight days per man for the whole force. The number of deaths amounted to nine; and there were two superannuations. Thirty per cent. of the time lost by sickness was due to diseases of the respiratory organs, and 17 per cent. to rheumatism and gout. These were the chief causes of non-effectiveness. The relative proportions of the different forms of sickness in the force during the year were as follows:—Diseases of the respiratory organs, 27 per cent.; of the digestive organs, 19 per cent.; rheumatism and gout, 18 per cent.; diseases of the skin, cellular tissue, &c., 12 per cent.; accidental injuries, 9 per cent.; fevers, 6 per cent.; other diseases, 9 per cent. The small amount of fever in the force is noteworthy. The entire number of cases amounted only to 26. Of these 4 were intermittent, 2 typhoid, 17 febricula, and 3 small-pox.

THE VACANT CORONERSHIP OF HEREFORDSHIRE.

DR. GEORGE KEMP has retired from the contest for the above office, and it is probable that the vacancy will be filled by a solicitor. In his parting address to the freeholders, Dr. Kemp states the grounds on which a medical practitioner is considered to be the most fit person to fulfil the duties of a coroner. We think, however, he is in error in taking exception to the "tribunal" to which the final appeal must be made, which he says "is peculiar in many respects; is a fixed one, has no elasticity, and is utterly unsuited to the progressive state of society." Under these circumstances, and having little local interest, he declines to canvass the electors.

This is not the way in which a matter of so much importance to the public and the profession is to be treated. That the "tribunal" is not an improper one has been proved on many occasions; for medical coroners have been elected, both in counties and boroughs, against all the local and other interests which could be brought to bear against them. In the great majority of these cases the electors have acted on the conviction that a medical is better than a legal coroner. The ventilation of this truth must be advantageous to the public interest; and there never yet was a contest between a lawyer and a doctor that, in whatever way it terminated, has not made a deep impression in favour of the members of our own profession. Surely there must be some medical practitioner in the Leominster district of the county of Hereford sufficiently well known to contest successfully the vacancy with the legal candidate. In a neighbouring county a physician succeeded at the last election in defeating a lawyer, under circumstances, too, which at first appeared most unfavourable. It is to be regretted that candidates should address the electors without having previously considered and determined upon the course they intend to pursue. A retreat is to some extent injurious to the cause, and in several instances within a short period has been the means of deterring more vigorous men from coming forward, and of handing over the vacant office to the legal candidate.

THE SOCIETIES.

THE new year has brought the customary changes at those of the Societies at which the annual election of officers occurs at this period. The Pathological Society has lost Mr. Prescott Hewett as its President, and in him one of the ablest, most agreeable, and useful officers who have yet filled the chair. On resigning office he made a valuable present to the Society, jointly from himself and Mr. Holmes, the Secretary,—a laborious index in type of the accumulated past volumes of the Society's "Transactions." Dr. Peacock succeeds Mr. Hewett. Dr. Bristowe, who has long filled the office of Medical Secretary with great accuracy and devotion, and has essentially served the Society, passed into the Council, and is succeeded by Dr. Murchison. At the annual meeting of the Obstetrical Society this week Dr. Oldham has been replaced by Dr. Barnes as President; Dr. Grailly Hewitt has been succeeded, as one of the Secretaries, by Dr. Meadows (with Dr. Braxton Hicks), and Dr. Hewitt has been elected Treasurer. Dr. Hewitt has held the office of Secretary, and Dr. Barnes, of Treasurer, since the first formation of the Society, six years since. The Secretary's duty has been very onerous during that time, and the success of the Society has been considerable, so that the cordial votes of thanks were well deserved. The Society now has in the funds over £730, at the bankers over £262, and a library of 1000 volumes, now for the first time accessible to the Fellows, at Mr. Hardwicke's, Piccadilly. The number of Fellows is 512. This is a very healthy child of six years, and does great credit to its parents and nurses. The Harveian Society loses Mr. Wm. Adams as President; he is replaced by Mr. Langmore.

Correspondence.

"Audi alteram partem."

BACTERIDIA AND MALIGNANT PUSTULE.

To the Editor of THE LANCET.

SIR,—The facts related in the following extract from a masterly article on Spontaneous Generation, by M. Jamin, in the *Revue des Deux Mondes*, are in all ways so interesting, that I make no apology for asking you to publish them. I ought to add that the italics which occur in one or two places are mine.

"Dr. Davaine has devoted himself for some years to the careful study of a terrible malady of the 'charbon' genus—the splenic apoplexy (*sang de rate*—anglicé, "blood") which develops itself spontaneously in sheep, and is inevitably fatal to them. The blood of the diseased animals, examined under the microscope, has been found crowded with minute organisms allied to the *bacteria*, and which have been named *bacteridia*. This blood injected into the tissue of another animal carries these creatures with it, and death is certain. The malady is equally transmitted when a rabbit is made to swallow either the blood or part of an animal affected with splenic apoplexy. The infected blood may be dried and *kept for an indefinite time without losing the germs of the infusoria which it contains*; and whenever it comes to be injected or to be given as food, the disease is propagated. These facts being ascertained, as the symptoms of splenic apoplexy offer some affinity to those of another malignant malady known by the name of 'charbon' (or 'malignant pustule'), inquiries were instituted as to whether there might not be a still closer bond between the two affections. 'Charbon' begins by a 'malignant pustule' of blackish colour, surrounded by a ring of vesicles, which must be speedily destroyed by caustic, if a general infection is to be avoided. On the 14th of April of the present year (1864) Dr. Raimbert was called to a carter who had contracted a true malignant pustule on a farm where the sheep were suffering from splenic apoplexy. He removed the pustule, dried it at once, and handed it over to Dr. Davaine, who examined it under the microscope. It was a perfect *felt, composed entirely of bacteridia*. Rabbits fed with it contracted splenic apoplexy in consequence, and died with their blood crowded with *bacteridia*, and communicated 'charbon' to other animals. Here, then, is a disease transmitted from sheep to man, and appearing in him under the form of a pustule, which in its turn has the power of communicating to all animals the particular virus which it contains. And what is this virus? A brood of infusoria of a special and venomous species. *The smallest quantity suffices to kill, because it suffices to sow and multiply the species.* The malady is transmitted by inoculation, because the animalcules pass from the infected to the inoculated subject; it is transmitted by the air, because the germs dry up and are wafted away, and become again sown; possibly also, as many hold, by the bites of flies, which thus become the vehicle for the transmission of the *bacteridia*. Such is the explanation, not less simple than certain, of the effects of a particular virus. The future will decide how far it is possible to extend to all

analogous cases so fertile a theory, but already it is easy to understand the hopes of physiologists and to predict their success: perhaps we are on the eve of knowing, avoiding, and curing contagious scourges."*

The facts here detailed are not altogether new. Virchow, and some earlier observers whose names escape me for the moment, had already pointed out the occurrence, in countless numbers, of a kind of "vibrio" in the blood of *living* animals affected with charbon.

I have not been able to refer to Dr. Davaine's own account of these researches; but before the case which he wishes to make out for the minute organisms he describes can be considered as finally established, other data will be required beyond those adduced by his reviewer. Not only must the constant presence of this particular species of *bacteridia* in the diseases in question be ascertained, but its absence in other putrefactive disorders. In all such cases there is a special danger, which those who have most studied the subject will best appreciate, of falling into the old error of taking for essential what may possibly be only an epi-phenomenon. The perfect way in which the facts seem to explain all the conditions, although a strong argument in favour of the interpretation set upon them, may, on the other hand, easily beguile us into a too ready acquiescence in it.

At the same time the whole tendency of recent research, and of Pasteur's discoveries in particular, is to the effect that the tribe of minute organisms to which the *bacteridia* belong, in reality take the initiative in, and are the primary cause of, the zymotic changes with which they are found associated.

The uncontrollable *itching* which marks the first stage of malignant pustule, and is so characteristic of it, is, when considered as a phenomenon which betrays the presence of so many parasites in other parts, not undeserving of attention in connexion with Dr. Davaine's view.

Should his discovery be confirmed by more extended researches, it is one of which it will be difficult to overrate the value.

As regards malignant pustule its importance will be supreme. Diagnosis, pathology, origin, mode of propagation, and indications of cure, will be all summed up in the conditions which attach to the growth and multiplication of a single parasitic organism.

In relation to diagnosis, the fact is one which might eventually become of the greatest possible use. For if it be true that the first brood of *bacteridia* is developed in the part which is to be the seat of the future pustule, the practitioner, armed with the microscope and with the little "harpoon" with which the Germans dip for trichina, might ascertain the characteristic presence of these minuter parasites by means of an operation not more formidable than the puncture of a grooved needle.

But, as M. Jamin rightly suggests, the interest of this discovery, should it be confirmed, culminates in its relation to the subject of contagion generally.

In a memorandum on the Investigation of Epidemic and Epizootic Disorders, which I drew up at the request of the British Medical Association in March, 1863, there occurs the following passage:—

"In order to render the inquiry on which the Association is about to enter really comprehensive, it would be necessary to associate with the study of epidemics that of the diseases caused in man and animals by living parasites, external and internal.

"A fuller knowledge of the phenomena attaching to the dissemination of the prolific and minute germs of these parasites could not fail to be of great use in helping to the true interpretation of the phenomena which attach to the strictly analogous dissemination of the equally prolific and equally minute germs of contagious poisons.

"In particular, it would be of the highest value in showing, by data that could not be gainsaid, what is the real worth of the negative evidence now so implicitly relied on, as an indication of spontaneous origin, and as opposed to the law of propagation by continuous succession.

"Additional reasons for putting the parasites and the contagions together in such an inquiry are—1, that at many points the two blend insensibly one into the other; 2, that, with the advance of knowledge, diseases are constantly being transferred from the group of common contagions to the group of parasites; and, 3, that there already exists amongst the most advanced thinkers on these topics, a shrewd suspicion that the two groups will eventually coalesce, and be found to be in their essence identical."

* Revue des Deux Mondes, Nov. 15th, 1864, pp. 442-43.

Dr. Davaine's interesting discovery seems not unlikely to offer a striking illustration of more than one of the several positions here taken.

I am, Sir, your obedient servant,

WILLIAM BUDD, M.D.

The Manor House, Clifton, Jan. 5th, 1865.

THE

CASE OF PRYCE AND WIFE *VERSUS* BOWEN.

To the Editor of THE LANCET.

SIR,—As you say in your remarks on the cause of Pryce *v.* Bowen, in your last number, "We shall anxiously await the defence which Mr. Lund has to offer," I beg to say that I have received a transcript of the shorthand writer's notes of the evidence given by me in that trial, from which I will make a few extracts, to show that some of the wording of the newspaper paragraphs gives an erroneous idea of the exact opinions which I expressed on that occasion.

But before doing so, being aware that exception has been taken, and as I think, on reflection, properly taken, to the answer given by me to Question No. 2, viz.—"I believe you are one of the surgeons of the Manchester Infirmary—the Royal Infirmary?" Answer, "I am,"—I will preface this letter by saying that, inasmuch as I am a dispensary surgeon, and not a full surgeon to the Manchester Royal Infirmary, I am prepared to accept any blame that may attach itself to me for having omitted to mention this distinctive difference.

In the *Liverpool Mercury*, it is stated Mr. Lund deposed that "he had heard Mrs. Pryce's description of the way in which her arm was placed, and that, if that description was true, he was of opinion that it was improperly placed. The proper position was with the palm uppermost; and it was known amongst medical men that the reverse position was wrong."

With regard to the latter part of this statement, what actually took place was this. Having answered the fourth question put to me, in which I was asked if I had heard Mrs. Pryce's description of the treatment said to have been adopted, I was requested by the counsel for the plaintiff to place the bones of an articulated forearm in such a way as that they would be nearest to each other (*prone*); and then I was asked the next question—viz., "Now, assuming it to be true that her arm was placed in the splint as she described, with the back of the hand up, is that the proper way of setting the arm?" Answer, "No."

I was next asked, in the same way, to place the bones so that they should be farthest apart (*supine*); and the question was put, "What would be the proper way of placing the arm?" I answered, "The best way of placing the arm would be thus—the forearm slightly bent with reference to the arm, and the palm uppermost." And I made this answer as the direct conclusion or inference from the position in which I had just placed the bones, so as to show them as the farthest apart; for in the next question I was asked, "Is that the regular and well-known way of placing the arm in a simple fracture of the forearm?" and I immediately replied, holding my hand in the usual semi-prone position, "*This* is the best position in which to place it in a case of simple fracture." And it is worthy of remark, that, in the manuscript copy of the shorthand writer's notes now before me, the transcriber has emphasized the word *this* by placing a line beneath it, as if it were to be printed in italics, to indicate doubtless that when I used the word I threw great stress upon it, to show that it was *the* position in the treatment of a fractured forearm; I being led to show the supine position only in illustration of that condition in which, for anatomical reasons, the bones would be the farthest apart.

Then followed these two questions with the answers: "Is the other way, with the back of the hand up, known among medical men to be a wrong way?" "Yes; it is a wrong way of placing it."—"Would it be wrong practice to leave the arm in this position, with the back of the hand up, during nine days?" "It would be wrong practice, in my opinion."

The error, therefore, which has occurred in the newspaper description would lead those who have read the account to suppose that I said the *supine* position was *the* position, *par excellence*, whereas as soon as I was asked to give "the regular and well-known way" of placing it, I showed the semi-prone position.

Another mistake which has arisen from the newspaper de-

scriptions being so freely circulated, has been that it appeared as if I had stated that the bones were *absolutely grown together*, while this assertion was "denied by Mr. South" in his evidence.

In my written opinion, made very shortly after I had examined the arm, I said, "She has no power whatever to turn the hand round so as to change the position of the palm or the back of the hand, although it is possible for another person to move it slightly in either of those directions, which gives her some pain."

And when the following questions were put to me in the witness-box, the answers will show that I did not state that the bones were completely united together, but that passive motion could still be permitted. "Is there something which is not bone, which is between these two bones?" "Yes; a strong membrane, called the inter-osseous membrane, between the bones."—"If that becomes stiffened, it prevents them turning one over the other?" "Yes."—"Is that the reason why the wrist will not rotate?" "Yes; why she cannot perform this motion (the witness describes by turning his hand round)."—"Can she perform this motion?" "*She can let it be done for her.*"

It has been asked, How is it that I did not apply to Dr. Bowen, and hear his version of the case before the trial? My answer is, that it did not occur to me to do so; and had I thought of it, I should have considered it improper, after giving an opinion on the merits of the case to the solicitor for the plaintiff, to have had any communication with the defendant.

I can only repeat how deeply I regret that I did not, in the first instance, decline to touch the case at all, or to give any opinion whatever about it; but I beg to assure yourself and the profession generally that, in my whole conduct in this matter, I have erred from a want of judgment rather than from a desire to injure a member of my own profession.

I am, Sir, your obedient servant,

Manchester, 10th January, 1865. EDWARD LUND.

CAMBRIDGE NATURAL SCIENCES TRIPOS.

To the Editor of THE LANCET.

SIR,—Your comments on the examination papers lately given to the candidates for honours in Natural Science in this University will, I am afraid, if left unnoticed, produce such an erroneous impression upon those persons who have not the opportunity of seeing the papers, that I feel confident you will, from your sense of fairness, allow me to make a few observations to justify, if need be, the questions set by the able members of the University who conducted the examination.

If you will turn to the Cambridge Calendar you will see that the examiners in Comparative Anatomy (Dr. Latham and Mr. Brown) have both highly distinguished themselves in that subject, a special mark of distinction having been given to each for his proficiency in his respective year. Now, Sir, you must know that at Cambridge it is not an easy matter to obtain honours at all in any tripos; but these gentlemen not only obtained the honourable position of first class in the Natural Sciences Tripos, but showed eminent proficiency in five subjects of examination, having taken higher honours in Science than any other candidates since the tripos was founded.

The questions, or rather parts of questions, you have selected to expose the ignorance of these gentlemen do not belong to Comparative Anatomy properly so called, but to Zoology proper, a knowledge of which is required of candidates for examination. The belief in the University, amongst those best capable of judging, is that this year's papers are quite on a par with those of preceding years, and are not, as you state, openly paraphrased from Dallas on the Animal Kingdom. I can myself recognise questions from the following books in addition to Mr. Dallas's excellent work,—viz.: Carpenter's Comparative Physiology; Rymer Jones's Animal Kingdom; Owen's Lectures on Comparative Anatomy and Homologies of the Vertebrate Skeleton; Van der Hoeven's Zoology; Todd and Bowman's Physiology; Huxley's Lectures at the College of Surgeons; Darwin's Origin of Species; Agassiz on Classification; Greene's Manuals of the Protozoa and Coelenterata; Whewell's History of the Inductive Sciences, &c. &c. Surely, Sir, a man who has carefully read and studied these works, as we expect high wranglers of Cambridge, with their reasoning powers sharpened to the uttermost, to have done, possesses something more than a smattering of his subject.

I think, Sir, in justice to the examiners, you ought to publish the papers on Zoology, including Comparative Anatomy and Physiology (if not all the papers), in order that scientific men may judge whether your severe remarks were called for or not.

I enclose my card, and am, Sir, your obedient servant,

Cambridge, January 3rd, 1865. JUSTITIA.

*** If the examiners wish that we should do so, we shall be happy to publish these papers.—ED. L.

MANCHESTER.

(FROM OUR OWN CORRESPONDENT.)

THE attention which THE LANCET has devoted to the subject of adulteration induces me to think that the following case, though not strictly of medical interest, will not be unacceptable to your readers. Indeed, as a caution to the very considerable number of persons who, for pictorial and other exhibitions, are in the habit of preparing oxygen gas, the facts cannot be too widely disseminated. The admixture with binoxide of manganese of a foreign substance has led in this city to a fearful explosion, which has caused the loss of two lives, and resulted in the committal, on a charge of manslaughter, of the druggist from whom the alleged adulterated article was procured. The facts, briefly detailed, are these. On Saturday, December 17, Mr. Morgan, an optician, was engaged in the preparation of oxygen gas for use at an exhibition of a mechanics' institution, and for this purpose had placed a portion of a mixture of manganese and chlorate of potass in an iron retort over a slow fire. After about a minute, to use his own words, he "became conscious of a blinding flash, and soon found himself upon the floor." Attributing this failure to his own want of experience in chemistry, and unsuspicious of its real cause, he sent the materials to a Mr. Crowther, a photographer and practised maker of oxygen, with a request that he would proceed with the preparation of the gas. To this Mr. Crowther consented, and he is known to have been engaged in the process, with his infant son playing on the hearth near him, when a tremendous explosion was heard, sufficiently violent to drive out the gable end of the building, and Mr. Crowther was found, by some neighbours who rushed to the scene, quite dead in a kneeling posture over some broken bricks and débris. The little boy was still living, but died shortly after the accident. An inquest was afterwards held, and all the interesting and instructive features of the case will appear from the evidence of Professor Roscoe, of Owen's College, which I accordingly proceed to give at some length, omitting the testimony of the other witnesses.

"Professor Roscoe, of Owen's College, said that, having seen the report of the explosion in that morning's newspaper, and being interested in all matters relating to the manufacture of gas, he wrote to Captain Palin, the chief constable, for permission to make a complete investigation of the case. That permission was given him, and he visited the scene of the explosion. He obtained a bag containing a black substance, which had been found in the fireplace in the deceased's shop. On examining it at his laboratory, he found that it was composed of chlorate of potash, manganese, and powdered coal, or possibly lampblack or soot. He thought it most likely that it was lampblack or soot, which had been added for the purpose of adulterating the manganese. He had reason to know that such adulteration took place, and that accidents sometimes resulted from it. A case happened about a year ago, but fortunately did not result in personal injury, the explosion occurring from the circumstance that what purported to be manganese was nothing but powdered coal. The addition of powdered coal, soot, or lampblack to manganese made a substance about as explosive as gunpowder. A proper mixture for oxygen was about three parts of chlorate of potash to one of manganese. He had not thoroughly analysed the substance found in the bag at the deceased's house, except that he found it contained the articles he had named, and that it was explosive. He carefully examined three lots of manganese furnished him by Police-constable Davenport. One lot, which was stated to be from Mr. Morgan's, from which that was taken to make the mixture sent to Mr. Crowther, was adulterated with about 25 per cent. of soot or powdered coal; he believed it to be soot. Another lot, furnished by Mr. E. G. Hughes, druggist, Cateaton-street, from whom Mr. Morgan

had said he purchased the manganese, was pure; and a third lot, procured at Mr. Mottershead's, was also pure. The adulteration of manganese with soot and coal was becoming very common, and it was accompanied with serious effects. At this season a great number of persons might be making gas from manganese, to be used in pictorial and other exhibitions; and if the manganese was not pure, very serious consequences, as in the present case, might ensue. An accident might happen to his students, who were constantly working among such chemicals, both at the College and at home. They might even purchase some of this very material, and be seriously injured. Bearing all these things in mind, he thought that it was his duty to come forward and state the result of his investigations."

Mr. Hughes, druggist, from whose shop the materials used in the making of the gas were procured, also gave evidence after being cautioned by the Coroner.

After consultation with the jury,

"The Coroner told him that the jury considered it was proved that the explosive material which had caused the deaths of Mr. Crowther and his son had been supplied by him, and he cautioned him that, if he had anything to say, it would be written, and might be used against him. Mr. Hughes repeated that it was impossible anything could have been mixed with the manganese before it went out of his shop. The jury then briefly consulted, and returned a verdict of manslaughter against Mr. Hughes, who was committed for trial at the assizes. The Coroner offered to take bail, which was furnished."

January 3rd, 1865.

Medical News.

ROYAL COLLEGE OF SURGEONS. — The following members of the College having been elected Fellows at previous meetings of the Council, were admitted as such on the 12th inst., namely:—

Blathwayte, William, Louth, Lincolnshire; diploma of membership dated Sept. 27th, 1833.
Kilner, John, Bury St. Edmunds; April 12th, 1843.
Nance, James, Ecclesall; Oct. 16th, 1840.
Sterry, Henry (J.P.), Paragon, Southwark; Jan. 2nd, 1824.
Wolff, Abraham, Gower-street; Dec. 16th, 1839.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on the 5th inst.:—

Haslewood, Albert Octavius, Darlington, Durham.
Meeres, Albert, Haddenham, Bucks.
Milburn, Frederick Le Fevre, Aldringham, near Saxmundham.
Somerset, William Porter, Claydon, Bucks.
Willson, Henry, Strand.

MEDICAL JOURNALISM IN SPAIN. — No less than eighteen medical periodicals are published in Spain, the principal of which is the *Siglo Medico*.

OUTBREAK OF SMALL-POX AT UMRITSIR, E. I.—One of the most frightful outbreaks of small-pox that has occurred in India for many years has been raging at Umritsir for several weeks. The number of deaths, chiefly amongst children, has been as high as seventy-seven in one day. We have no authentic information how far vaccination has been efficiently carried out in this district.

BLACKBURN INFIRMARY.—This building was formally opened on the 2nd inst. as a general infirmary, and an efficient staff of officers appointed. During the last eighteen months it has been used as the infirmary of the Blackburn Relief Committee.

SUSSEX COUNTY ASYLUM. — The cost of maintenance of an inmate of this asylum has lately been reduced to 9*s.* 9*d.* per week, and it is anticipated that a further reduction will shortly be made. We hope that the reduction will not be to the detriment of the patients.

WEST KENT GENERAL HOSPITAL.—A good example has been set by the Maidstone Gardeners' Mutual Improvement Association in gratuitously laying out and planting the grounds of the West Kent General Hospital for the recreation of the convalescent patients. The Earl of Romney and other gentlemen have freely contributed shrubs and evergreens.

THE WILTSHIRE COUNTY LUNATIC ASYLUM, which was greatly enlarged during last year, is stated, in the Visitors' Report, to be so much overcrowded that in future admission must be restricted to the most urgent cases.

HOSPITAL SURGEONS IN PARIS.—Two very eminent surgeons have lately retired from their nosocomial duties in consequence of having reached threescore years. Messrs. Huguier and Chassaignac have won for themselves the reputation of accomplished surgeons: the former by his labours especially as regards diseases of the uterus and of the female external parts of generation; the latter by his discovery and enthusiastic application of the écraseur. M. Chassaignac has lately published an extensive work on surgery, which will probably, ere long, find a translator in this country.

PRESENTATION.—Mr. Gibbons, the medical officer of the Wolverhampton Workhouse, has received a testimonial, consisting of a handsome silver goblet and snuff-box, each bearing the following inscription:—"Presented to Henry Gibbons, Esq., medical officer to the Wolverhampton Union Workhouse, by his fellow-officers as a mark of their high esteem and grateful appreciation of his uniform kindness."

NEW ANATOMICAL MUSEUM IN BERLIN.—Owing to the great increase in the numbers of medical students in Berlin, and the necessity for providing room for an increasing collection of anatomical preparations, a new museum has been erected. It is said that, although the character and style of the building are plain and unpretending, the internal arrangements contain much, especially in a sanitary point of view, that might generally be adopted in the erection of hospitals.

PREVENTION OF POISONING.—The current number of the *Pharmaceutical Journal* contains a very practical paper by Mr. Goodwin Mumbray, of Richmond, in which is suggested the simple plan of placing the labels on such shop bottles as contain deadly poisons *longitudinally*, instead of *across* the bottle. It is scarcely possible that a shopman, however ignorant, could thus mistake strychnine for James's powder, as in the Liverpool case. While there still exists no law for the regulation of chemists' shops, a suggestion like the present might be generally adopted with advantage. There is another and more frequent source of accident in mistaking one bottle for another in the sick room, for which it is more difficult to find a remedy. Labels, however distinct or conspicuous, fail to arrest the attention of stupid nurses, who often cannot read. To obviate such disasters, besides Toogood's fluted bottles, which are now widely employed, there is an ingenious invention of Messrs. Gilbertson, of Ludgate-hill. It is a bottle in the form of a wedge, which will not stand, and must, therefore, be always kept in one position, from its formation. The contents cannot be spilled, nor can a person mistake the bottle for anything but for an external use. Under any circumstances, whether wrapped up or exposed, the peculiar form is certain to attract the notice of the most casual observer. The general recommendation and employment of this or similar inventions would be attended with incalculable benefit in the protection of life from poisoning.

A ROYAL PRESENT.—A valuable gift has this week been presented to Dr. Cass, of Cowes, by her Majesty the Queen, on the occasion of his resigning his medical appointment at Osborne, which he had held, conjointly with Dr. Hoffmeister, ever since that place first became the abode of royalty. The present consists of a splendid and massive silver inkstand, of the most elaborate workmanship, and was accompanied by a note from Sir C. B. Phipps, conveying her Majesty's gracious appreciation of Dr. Cass's long professional services, and of kindest sympathy for the severe affliction (a serious impairment of vision) which had obliged him to tender his resignation. In this feeling we are convinced that our fellow-townsmen most sincerely join for one who, for so many years, has established himself so deeply in the esteem and respect of all classes, by his high qualities of heart and mind, as a genuine friend and a trusted medical adviser in the hour of sickness and sorrow.—*Hampshire Independent.*

ROYAL KENT DISPENSARY. — A special general meeting of the governors of this charity was held on the 15th ultimo, Sir Thomas Maryon Wilson, Bart., one of the vice-presidents, in the chair, to receive a report from the monthly committee respecting the want of sufficient medical assistance in the districts of Greenwich and Deptford, and to adopt as future rules of the charity, or otherwise, the following recommendations of the committee, viz.: "That the medical officers of Greenwich and Deptford be paid for their services, and that a sum not exceeding two hundred pounds per annum be divided amongst them, in such proportions as may from time to time be decided on by the monthly committee." Also, "That on and after Midsummer-day next, all patients shall

pay the sum of one shilling for each letter of recommendation, to entitle them to receive the benefits of the institution." The subject of the want of medical assistance for the districts in question had for many months previously been under discussion at the meetings of the monthly committee and the medical committee, in consequence of the surgeons of those districts (Greenwich and Deptford) having been compelled to resign one after another, because the duty, which has hitherto been honorary, had become so onerous as to interfere seriously with their private practice, and at length the monthly committee decided upon adopting the course embodied in the above recommendations. They were taken into consideration together for convenience, and Mr. Carttar, the Solicitor and Secretary to the Dispensary, stated the following, amongst other reasons, against the second recommendation, that "all patients should pay one shilling for each letter of recommendation, to entitle them to receive the benefits of the institution," viz.: "That the proposed alteration would be unjust to the annual subscribers, because it would in effect be to compel them to pay the one shilling per letter (12*s.* a year), or to deprive the patients (many of whom were too poor to pay it themselves) of the advantages of the institution; that it would, in his opinion, be illegal, as regarded the life governors, unless each gave his formal consent; that the proposed alteration would bring the institution within the scope and operation of the Friendly Societies Acts; that if the fee of one shilling per letter were paid by the patient, as proposed, the institution would become in effect a mere medical club, and, most certainly, cease to be a charity." After considerable discussion, more particularly as to the principle upon which the money was to be divided amongst the medical officers of the two districts, and the mode in which the increased charge upon the annual income of the institution was to be met, the first recommendation was moved and seconded as a resolution, and carried unanimously: the second, as to the payment of one shilling per letter, was not moved, and therefore dropped.

ANÆSTHESIA PRODUCED BY INHALATIONS OF CHLOROFORM, AND KEPT UP BY SUBCUTANEOUS INJECTIONS OF MORPHINE.—Experiments have lately been made upon dogs, by a committee appointed by the Medical Society of Versailles, to test the value of the above method. Five experiments were undertaken. On the first dog chloroform inhalation alone caused anæsthesia for nineteen minutes; with inhalation and the injection of about half a grain of morphine, thirty-six minutes. On a second dog, with chloroform inhalation alone, the anæsthesia lasted thirty minutes; but the same inhalation followed by an injection of one grain of morphine caused an anæsthetic state of one hour and twenty-seven minutes. The same experiment being repeated, with an injection of one grain and one-tenth of morphine, produced anæsthesia for five hours and forty-four minutes. The committee state in their report that the prolongation of anæsthesia by subcutaneous injections of morphine must be admitted as a fact, although they do not wish to be overpositive, seeing that their experiments are but few, and, in one instance, performed twice upon the same animal.

OBITUARY: JAMES EDWARD FAWCETT, R.N., SURGEON TO H.M.S. "RACEHORSE."—The premature death of this promising naval surgeon has afforded deep regret to a large circle of friends, and has inflicted a great loss on the service. He was wrecked in the *Racehorse* in the Chinese seas on the 4th of November. He was born at Leeds in 1834, and entered the naval service on board the *Waterloo* in 1855. In 1856 he was appointed to the *Acorn*, in which he sailed for China, and was in 1859 removed to the *Chesapeake*, the flagship of the China station. He was present at the taking of Canton, the battle of Fatshan, and at both attacks on the Peiho forts, after which he was raised to the rank of full surgeon by Admiral Hope in 1861. In the many actions in which he was concerned he was distinguished for his coolness and courage in the midst of danger and in the performance of arduous duties, especially after the Peiho engagement in 1859, when, after exposure in three different gunboats during the day, he remained throughout the night in attendance on the sick and wounded with a perseverance and fortitude under great difficulties which could hardly be excelled. In May, 1862, he was appointed to the *Racehorse*, and sailed for Japan, where he took part in the engagement off Kagosima. The vessel was on its way from Shanghae to Cheffoo Cape when the melancholy accident occurred which caused the death of himself and so many brave men.

MEDICAL VACANCIES.

Halifax Infirmary and Dispensary—Resident House-Surgeon, and Assistant House-Surgeon or Apothecary.
Kent and Canterbury Hospital—Assistant House-Surgeon and Dispenser.
Lincoln County Hospital—House-Surgeon and Apothecary.
Liskeard Union—Medical Officer and Public Vaccinator.

MEDICAL APPOINTMENTS.

J. ALDERSON, M.D., has been elected Medical Officer and Public Vaccinator for the Foston District of the Newark Union, Nottinghamshire, vice F. J. Mason, M.R.C.S.E., resigned.
J. BARCLAY, M.D., has been appointed one of the Medical Officers of the Banff Dispensary.
G. F. BLANDFORD, M.B., has been appointed Lecturer on Lunacy at St. George's Hospital.
ALEX. BOTTLE, M.D., has been appointed House-Surgeon to the London Surgical Home for Diseases of Women, Notting-hill.
J. Q. COSTIN, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the No. 1 District of the Market-Harborough Union.
W. EAGLES, M.R.C.S.E., has been elected House-Surgeon to the Bolton Infirmary and Dispensary, vice J. E. Davey, M.R.C.S.E., resigned.
G. FERGUSON, M.B., late of St. Bartholomew's Hospital, has been appointed Resident Surgical Officer to the General Hospital, Birmingham, vice C. J. Bracey, M.B., resigned.
J. HORSFALL, L.R.C.P., has been appointed Medical Officer and Public Vaccinator for the Sowerby District of the Halifax Union, vice T. Robertshaw, L.A.S., deceased.
A. S. MAY, M.R.C.S.E., has been elected Apothecary and Secretary to the Chelsea, Brompton, and Belgrave Dispensary, Sloane-square, vice W. Blundell, M.R.C.S.E., resigned.
J. J. NOLAN, L.R.C.S.I., has been elected Medical Officer to the Workhouse of the Ballina Union, Co. Mayo, vice M. H. Devlin, M.R.C.S.E., deceased.
J. OLIPHANT, M.D., has been elected Assistant House-Surgeon to the Chester General Infirmary.
Dr. K. REID has been elected Resident Surgeon to the Birmingham Lying-in Hospital and Dispensary for Diseases of Women and Children, vice H. Knowles, L.R.C.P.Ed., resigned.
J. STEWART, M.D., has been appointed Physician to the Glasgow Royal Infirmary.
F. WAGHORN, M.D., has been appointed Medical Officer and Public Vaccinator for No. 1 or Banwell District of the Axbridge Union, Somersetshire, vice L. J. Summers, L.R.C.S.Ed., resigned.

MILITARY AND NAVAL MEDICAL APPOINTMENTS.

F. T. ABBOTT, M.R.C.S.E., Assist.-Surg. to the 41st Foot, has been promoted to Surgeon, and appointed to the 24th Foot, vice Holloway, appointed to the Staff.
L. ARMSTRONG, M.D., Staff Surgeon Army, has been appointed Surg. to the 13th Hussars, vice Webb, M.B., who has exchanged.
G. F. BANKS, M.R.C.S.E., Surgeon R.N. Jan. 14th, 1857, from the "Rattlesnake," has been appointed to the "Meander" Store Ship at Ascension (additional).
O. BYRNE, Assist.-Surg. Bengal Service, officiating in medical charge of the Buxar and Koruntadhee Stud, has been confirmed in the appointment, vice Assist.-Surg. J. L. Bryden, M.D., employed in the office of the principal Inspector-Gen. of the Medical Department.
M. W. COWAN, M.D., Surg. R.N. Sept. 30th, 1864, has been appointed to the "Zebra," on the West Coast of Africa Station.
T. CRAIG, L.R.C.S.Ed., Surg. R.N. Oct. 24th, 1861, of the "Zebra," has been appointed to the "Rattlesnake," on the West Coast of Africa Station.
J. CRUICKSHANK, M.D., Assist.-Surg. Bombay Service, has been appointed Civil Surg. at Dharwar, vice Assist.-Surg. Mennie.
F. DUCKWORTH, M.D., Assist.-Surgeon, has been appointed to the officiating medical charge of the 1st Infantry Hydrabad Contingent, vice Assist.-Surg. Doyle.
J. FRAZER, L.R.C.P.Ed., Assist.-Surgeon R.N. June 10th, 1863, has been appointed to the "Rattlesnake."
A. C. GIBSON, M.R.C.S.E., has been appointed Hon. Assist.-Surg. to the 4th Cheshire Rifle Volunteer Corps.
W. GRANT, M.D., Acting Assist.-Surgeon R.N., has been appointed to the "Meander."
R. T. HEAD, M.R.C.S.E., has been appointed Honorary Assist.-Surg. to the 5th Sussex Rifle Volunteer Corps, vice Whyte, resigned.
J. HESELTINE, M.R.C.S.E., has been appointed Honorary Assist.-Surg. to the 34th Yorkshire Rifle Volunteer Corps.
J. L. HOLLOWAY, M.R.C.S.E., Surgeon to the 24th Foot, has been appointed Staff Surgeon Army, vice Reade, appointed to the Rifle Brigade.
J. JOHNSTONE, L.R.C.S.Ed., Surg. R.N. Aug. 10th, 1860, has been appointed to the "Cadmus."
J. KELLY, Staff Assist.-Surg. Army, has been appointed Assist.-Surgeon in the Royal Artillery, vice J. A. Scott, whose appointment has been cancelled.
P. K. KIERNAN, M.D., Acting Assist.-Surgeon Army, has been permitted to resign his appointment.
M. D. LAVIN, M.R.C.S.E., Surg.-Superintendent, from the "White Star," has been appointed to the "Greyhound," for Canterbury, New Zealand.
L. H. LEES, M.D., Assist.-Surgeon in the 30th (Punjaub) Bengal Native Infantry, has been confirmed in the appointment of Civil Surg. at Akyab, vice Dr. Graham, transferred to another appointment.
H. M. MACBETH, L.R.C.S.I., Assist.-Surgeon to the 9th Foot, has been appointed Staff Assist.-Surgeon Army, vice Scott, appointed to the 91st Foot.
J. MACBETH, M.D., Surg.-Major 74th Foot, has been appointed Surg. to the 16th Lancers, vice W. K. Park, M.R.C.S.E., deceased.
A. E. MACKAY, M.D., Surgeon R.N. Nov. 12th, 1862, has been promoted to Deputy Inspector-Gen. of Hospitals and Fleets.
V. MAHER, L.R.C.S.Ed., Staff Assist.-Surg. Army, has been appointed Assist.-Surg. to the 41st Foot, vice Abbott, promoted.
J. E. MAYER, M.R.C.S.E., Deputy Inspector-General of Hospitals Madras Service, has been posted from the Northern to the Presidency Division until further orders.
J. W. S. MEIKLEJOHN, M.D., Surg. R.N., has been appointed to the "Columbine."

W. MUNRO, M.D., Surg. 93rd Foot, having completed twenty years' full-pay service, has been promoted to Surg.-Major under the provisions of the Royal Warrant of Oct. 1st, 1858.

F. NESBITT has been appointed Assist.-Surg. to the 4th Administrative Batt. of Staffordshire Rifle Volunteers.

C. PALMER, M.D. Surg. Indian Service, has been appointed Marine Surgeon, vice Surg.-Major A. C. Macrae, resigned.

J. J. POPE, M.R.C.S.E., Assist.-Surg. Royal Artillery, has been appointed to do duty with the General Depôt at Poona, Bombay.

J. B. C. READE, L.R.C.S.Ed., Staff Surg. Army, has been appointed Surg. in the Rifle Brigade, vice La Fresle, deceased.

G. H. RYAN, M.D., Surgeon R.N. Nov. 13th, 1854, has been appointed to the "Shannon."

J. A. SCOTT, L.K.Q.C.P.I., Staff Assist.-Surgeon Army, has been appointed Assist.-Surg. to the 91st Foot, vice Macbeth, appointed to the Staff.

C. TAYLOR, Staff Assist.-Surg. Army, has been attached to the 33rd Foot at Bombay until further orders.

Births, Marriages, and Deaths.

BIRTHS.

On the 17th of Nov., at Dinagepore, the wife of Dr. H. C. Bowser, Civil Surgeon, of a daughter.

On the 25th of Nov., at Port Louis, Mauritius, the wife of Dr. H. Rogers, of a son.

On the 26th of Nov., at Rungpore, the wife of B. B. Ford, M.R.C.S.E. officiating Civil Surgeon, of a daughter.

On the 12th ult., at Toronto, Canada West, the wife of Dr. J. Adams, of a daughter.

On the 3rd inst., at Westfield, Cramond, Edinburghshire, the wife of J. B. Carruthers, M.D., of a son.

On the 3rd inst., at St. Katherine's, Regent's-park, the wife of Dr. Oldfield, of the Bengal Medical Service, of a daughter.

On the 3rd inst., at Rosevale, Patrick, Glasgow, the wife of James Paterson, M.D., of a son.

On the 4th inst., at West Haddon, the wife of G. Harday, M.R.C.S.E., of a daughter.

On the 5th inst., at Derramore, Bessbrook, Newry, the wife of J. Lightburne, M.D., of a son.

On the 5th inst., at Ampthill, Bedfordshire, the wife of Arthur Evershed, M.R.C.S., of a son.

On the 6th inst., at Lowther-street, Whitehaven, the wife of J. Thompson, M.D., of a son.

On the 8th inst., at St. James's-terrace, Malahide, Co. Dublin, the wife of R. Stanistreet, M.D., prematurely of a daughter, still-born.

On the 8th inst., at Surrey Villa, Kennington-road, Southwark, the wife of S. W. Smith, L.F.P. & S. Glas., of a daughter.

On the 9th inst., at Wellington-terrace, West Derby-road, Liverpool, the wife of J. H. Wilson, L.K.Q.C.P.I., of a daughter.

On the 8th inst., at Prince of Wales-road, Haverstock-hill, the wife of Dr. B. T. B. Baillie, of a daughter.

MARRIAGES.

On the 23rd of Nov., at Mawabgunge, Oude, James Inkson, M.D., of H.M.'s 60th Regiment, to Catharine Alice, eldest daughter of John Taylor, jun., Esq., of Christchurch-road, Streatham, and Whitehall.—No Cards.

On the 22nd ult., at Jedburgh, Roxburghshire, T. L. Gentles, Surgeon, of Gayton, Norfolk, to Agnes, daughter of the late A. Sim, Esq., of Edinburgh.

On the 29th ult., at St. Jude's, Sheffield, T. H. Morton, M.R.C.S., of Brightside, to Ellen Eliza, daughter of David Toyne, Esq., of Sheffield.

On the 10th inst., at Twickenham, H. R. C. Litchfield, M.R.C.S.E., to Maria Catherine Hortencia, widow of the late A. T. Gervis, Esq., son of the late Sir George Gervis, Bart., of Hinton-Admiral.

DEATHS.

On the 21st of Oct., killed by a fall from his horse, at Umritsur, Punjaub, East Indies, George Arthur Grant, L.R.C.S.Ed., Assist.-Surgeon Royal Artillery, aged 28.

On the 7th ult., P. Grant, L.R.C.S.Ed., of Seamount-place, Aberdeen, aged 44.

On the 11th ult., M. Sweetman, L.S.A., of St. John-street, Clerkenwell.

On the 13th ult., at Church-road, Islington, Henry Dawson, M.R.C.S.E.

On the 23rd ult., at Matlock-bank, Derbyshire, T. B. W. Potts, M.D., aged 41.

On the 24th ult., E. D. Moore, M.R.C.S.E., of Walsall, Staffordshire, aged 31.

On the 24th ult., S. Harris, F.R.C.S.E., of Albion-place, Reading, aged 71.

On the 25th ult., at Florence-street, Glasgow, John Tynan, M.D.

On the 25th ult., J. F. Paton, M.D., of Greenock.

On the 3rd inst., W. R. Williams, M.R.C.S.E., of Bangor-street, Carnarvon, aged 31.

On the 3rd inst., at Arbroath, Forfarshire, R. Holden, L.R.C.S.Ed., Surgeon R.N.

On the 4th inst., at Devonshire-terrace, Globe-road, Mile-end, Cecilia Clara, youngest child of Frederick J. Reilly, M.R.C.S., aged 15 months.

On the 5th inst., J. H. Sprague, M.R.C.S.E., of Bedminster Down, Bristol.

On the 6th inst., Frances, the wife of C. E. Sloper, Surgeon, Tredegar Iron Works, Monmouthshire.

On the 7th inst., at St. Andrews-street, Cambridge, Geo. Johnson, M.R.C.S. Eng., formerly House-Surgeon to Addenbrooke's Hospital, Cambridge.

On the 8th inst., J. Black, L.F.P. & S. Glas., of Macfarlane-street, Glasgow.

On the 10th inst., at Nantwich, of diphtheria, Henry George Williamson, M.D., of Holmes Chapel, Cheshire, third son of T. Williamson, Esq., Surgeon, aged 25.

QUARTERLY NAVAL OBITUARY.

J. W. Bowler, M.R.C.S.E., Surgeon Nov. 8th, 1837.
W. C. Fairbairn, L.R.C.S.Ed., Assist.-Surg. Nov. 13th, 1854.
D. Jones, M.R.C.S.E., Surgeon Feb. 9th, 1808.
A. H. Kelly, L.R.C.S.Ed., Assist.-Surg. May 5th, 1856.
W. Ratty, M.R.C.S.E., Surgeon April 16th, 1808.
J. B. Ricards, Surgeon Oct. 21st, 1854.
A. Robertson, M.D., Surgeon July 10th, 1810.
C. B. Wood, M.R.C.S.E., Surgeon Jan. 14th, 1857.

To Correspondents.

THE CASE OF TIMOTHY DALY.

WE have received many communications on this subject, but think it best to reserve full comments until the present inquiry shall have terminated. Meantime, we may observe that a great deal of hardship attaches to the manner in which Mr. Norton has been attacked in reference to this case. We are aware that a distinguished lady—a great authority on nursing—is understood to have expressed, *apropos* of this case, the opinion that bed-sores are, under any circumstances, *indicia* of neglect. But from this opinion there will be much dissent amongst the most experienced physicians. It does not accord with the observations of those most largely employed in private practice amongst the rich or in the best-tended hospitals. No doubt bed-sores "may be" a mark of neglect; but assuredly they are not so in a large number of cases. Indeed, this patient was in a state of extreme debility from the first. Bed-sores have followed rheumatic fever in hospitals, where water-beds, wine, stimulants, and every appliance of comfort have been at hand.

A Naturalist.—The usual opinion is such as we stated it to be. We are fully aware, however, that it has lately been denied that vibriones are of animal nature; but, on the contrary, are stated to be allied to the filamentous confervæ. The question is still an open one; but we as yet maintain our original opinion.

X. Y. Z.—The licence is acknowledged by the Poor-law Board.

Assistant-Surgeon Oliver's (Montreal) paper shall be published in an early number.

PEYCE AND WIFE v. BOWEN.

Mr. Bickersteth, the distinguished surgeon of Liverpool, writes:—

"I submit that under no circumstances could Mr. Lund be justified in appearing in the witness-box to give evidence against a respectable and legally-qualified practitioner without first conferring with the gentleman whose practice and reputation he was asked to condemn, and ascertaining from him that the allegations submitted were correct. Had Mr. Lund exercised this ordinary professional courtesy towards a professional brother, he would not have been served with a subpœna, and compelled to support the evidence of the 'bone-setters,' Evan Thomas and Son.

"Mr. Lund declared on oath that he was 'surgeon to the Manchester Royal Infirmary,' and by so doing materially and necessarily enhanced the weight of his evidence. But by the list of officers to that institution it appears Mr. Lund is only 'dispensary surgeon,' and therefore not, as he affirmed, 'surgeon to the Manchester Royal Infirmary.' With equal truth one of the surgeons to the Lock Hospital of the 'Liverpool Royal Infirmary, Lock Hospital, and Lunatic Asylum,' might declare himself to be 'surgeon to the Liverpool Royal Infirmary.'

"Probably the surgeons of the Manchester Royal Infirmary will explain Mr. Lund's title to the position he claims; for it cannot be supposed these gentlemen will quietly submit to any unnecessary connexion with the medical witnesses for the plaintiff, Messrs. Evan Thomas and Mr. Lund.

"A subscription-list to defray the expenses of Dr. Bowen has been opened. If Mr. Lund regrets the part he has taken in this trial, so disgraceful to our profession,—regrets the annoyance and expense which his conduct (for without him probably the cause would never have been tried) has occasioned the defendant,—if he has any sorrow for the trouble he has given the medical witnesses, who gladly came from London, Chester, and other places to support a persecuted and an honourable man,—he has now the opportunity of showing it by handing over to this fund the sum of money for which he undertook to give his services."

Mr. John Hunter, of City-road, Manchester, says:—

"In your very just observations on Dr. Bowen's case, Mr. Lund, of Manchester, is described as 'honorary surgeon to the Manchester Infirmary.' This is inaccurate. He is one of the dispensary surgeons in connexion with that institution, which fact, for the credit of Manchester, puts his evidence in a different point of view.

"In connexion with this case, I may mention a plan which I have adopted in cases where, from no fault of my own, a possibility of a legal action being brought against me might arise. It is to refuse to undertake the case until the patient signed a paper, freeing me from all legal liability. This precaution I have found to be necessary, as a surgeon, by his very position, has a number of witnesses against him, and in some cases even a legal victory is a substantial defeat."

Ajax.—We believe that the death-rate of the towns of England has been for some time gradually progressing. For four years it has increased 2 per 1000 inhabitants annually.

A Reader.—Mr. William Ancell was the first projector of a Wholesale Drug Company in this country. We have before us a prospectus issued by him in the middle of last year. He is well known in connexion with the drug trade, and his opinions are entitled to the highest respect as a practical druggist.

SUBSCRIPTIONS FOR MRS. THOMAS.

THE following sums have been received in aid of the above Fund:—

Collected by L. Nicholls, Esq., Stanstead-road, Forest-hill ...	...	£1	11 0
M. A. W., per Wm. Banting, Esq. (per Coutts and Co.)... ...	...	1	0 0

T. H. E.—The profession is unacquainted with the claims of the individual named to eminence or distinction.

M.D., (Whitby.)—Mr. Moore, 14 A, St. Mary-axe, London.

A Medical Student (St. Mary's) would obtain the information he requires by applying to one of the surgeons attached to the hospital.

CADAVERIC RIGIDITY.

M.D. informs "Alpha" (Jersey) that he will find full information on this subject in Guy's Hospital Reports, third series, ix., 1.

FOREIGN DEGREES.

Dr. Hitchman, of Liverpool, has written us a letter, in which he strongly criticizes the comments of Mr. Ouvry, the Solicitor (and not the Secretary, as he erroneously describes him) of the General Medical Council with respect to degrees obtained at the University of Erlangen. Dr. Hitchman repudiates the assertion that the diplomas of that University are literally sold. The force of his remarks, if they have any, is founded on a *tu quoque* argument. British Universities have exercised the same *privilege*, and their members have been permitted to register their qualifications. Therefore, if we understand him rightly, he contends that recipients of foreign degrees ought to be placed in the same category. There can be no doubt that he alludes more particularly to the year of grace that was established and carried out by the Royal College of Physicians of Edinburgh. If such an argument is to be admitted, the Medical Council would have no option but to register the qualifications sold "literally" or otherwise of any member of the profession, by whatever means and under whatever circumstances he may have obtained them. The regulations in respect to the year of grace which were established by the Edinburgh College are open to grave objections; and though the passing of the Medical Act might afford some excuse for the departure from more wholesome regulations, the conduct of the Edinburgh College is not to be commended as an example worthy of being followed. No man has a right to obtain *distinction* as a matter of favour or expediency. He is bound to show his title to the honour. Honours obtained without a sufficient test should be rejected. We therefore think that the General Medical Council has acted wisely in refusing to register titles of honour, which, if they are not "literally" sold, ought to be considered as literally worthless.

Lay Reader of THE LANCET *and a Scythe.*—The subject shall be noticed in our next impression.

A Young Man.—Marriage is the remedy.

Chirurgus.—It remains in the discretion of the Medical Council.

CASE OF RETENTION OF URINE.

To the Editor of THE LANCET.

SIR,—I shall feel much obliged if any of my professional brethren can, through the medium of your journal, enlighten me on the following case:—

A short time ago it became my duty to see a pauper patient, who was rather stubborn in admitting as to what he was suffering from. He was sixty-two years old, rather feverish, with a quick pulse, and complained of pain in the hypogastrium, with slight dribbling of urine; the latter had troubled him more or less for the last three years. On examining the abdomen, the hypogastric region was found to be occupied with evidently the distended bladder, which reached as high as the umbilicus. Finding matters in such a state, I proposed the introduction of the catheter, explaining to the patient the nature of the operation, and why it was resorted to. He immediately said, No, I should not pass it. He had a catheter passed some time back, and that he would die before he would allow it again, at this time grasping his penis to prevent my interference, although he was apparently suffering much from the retention. I suggested chloroform to him, but of no avail, as he declared he would not inhale it. After three-quarters of an hour's assiduous persuasion, and giving him a glass of brandy, he allowed me to pass the catheter, when I had some difficulty in getting a No. 3 through two organic strictures of the urethra—one about an inch from the anterior extremity of the penis, the other at the bulbous portion of the urethra.

The patient being a pauper, I, of course, was answerable for the proper treatment of the case. What would have been the use of treating such a case medicinally with opium, warm bath, &c.? Had I not succeeded in overcoming his obstinacy, should I have been justified, in a legal point of view, in forcibly administering chloroform, and then passing the catheter? None of his relations were by to sanction such a proceeding. How would it have fared with me had I left the case to nature?

I am, Sir, your obedient servant,

Bromley, Dec. 27th, 1864. JOHN POWDRELL, M.R.C.S.

A Subscriber of Twenty-five Years.—It is not at all unusual for surgeons to provincial hospitals to practise "generally," as it is called. This has arisen from the necessities of their position. Many men who have risen to eminence in the profession have been surgeons to provincial hospitals, and at the same time general practitioners. What objection there can be to this combination we are at a loss to discover.

Omega can do so by courtesy; but the bye-law of the College prohibits its use.

THE FRENCH MEDICAL ASSOCIATION.

THE quotation of the following extract from the report of the French Medical Association is the only reply which it is necessary to make:—

> "The efforts of the Association have succeeded in obtaining from several courts of the empire, in prosecutions for the illegal practice of medicine, a sanction of the right of personal intervention of members of the profession, not only with regard to compensation for absolute damage incurred, but for the moral injury inflicted on the medical corporation; and although the counsels of the Society have not yet been able to secure a revision of the law, they have succeeded in convincing several tribunals of the propriety of sentencing persons convicted of the illegal practice of medicine to the entire sum of the several penalties incurred for each misdemeanour.
>
> "In addition, Mr. Latour remarked that, by a special decree, medical witnesses shall in future be considered in the various courts in the light of experts."—*Journal of Practical Medicine, Dec.* 1864.

In the matter of the statue we were partly wrong, inasmuch as we find that a special subscription will be raised to defray the expenses. It will be curious to notice whether the *British Medical Journal* will continue to maintain that the French Association is purely a provident fund, and absolutely nothing more.

Mr. J. F. Smackson.—Not usually, unless the candidate has graduated in Medicine in the University of France. Our correspondent should write to the Secretary, stating his case in full.

THE LICENCE OF THE COLLEGE OF PHYSICIANS.

UNDER the signature of *Fair Play*, a correspondent says that he was lately a candidate for the office of house-surgeon to a provincial hospital. He is a member of the Royal College of Surgeons of England and a licentiate of the College of Physicians. The Committee of the hospital decided that his qualifications were deficient, inasmuch as he was not a licentiate of the Society of Apothecaries. He regards this as unjust to the licentiates of the College of Physicians, and contrasts the examination at the College with that of the Hall. He contends that the College examination is of a far higher standard, and should place the licentiate above the apothecary.

W. A. S.—The charges are moderate; but every item of attendance, &c., must be rendered if demanded.

A TERRIBLE NOVELTY.

AT the Portland-road station of the Underground Railway, amongst a large variety of advertisement placards, there appears the following notice, which is so remarkable that we are anxious to give it increased publicity:

> "NEW DISCOVERY.—Toothache cured instantly, without operation or pain, at 2 A, Crawford-street, W., or sent immediately to any address, with directions, &c., for twelve stamps."

As it is hardly possible that anyone would think of ordering a toothache to be sent to his own address, this notice is probably intended to afford facility for a cheap and anonymous revenge. Imagination fails to picture anything more terrible than the liability to be attacked with this cruel malady at the instance of any person who owes us a grudge. The idea, one would think, is too dreadful to emanate from any place but "below," and, in fact, that is where we find it. Have the police no jurisdiction in those regions?

An Admirer of Liebig.—Next week.

Hibernia.—Professor Boole, as we learn from a contemporary, when first taken ill with symptoms of catarrhal fever, sought the aid of hydropathy, and at the eleventh hour only appealed to the resources of legitimate art. It was then too late. Pleuro-pneumonia had made rapid advances.

A Medical Assistant should obtain a consultation on the case.

SLAUGHTERING ANIMALS ON DR. CARSON'S PRINCIPLE.

To the Editor of THE LANCET.

SIR,—In reply to your correspondent, "A. F. C." I have to inform him that Messrs. Cain, very extensive and respectable butchers, residing at Bootle, near Liverpool, occasionally slaughter the smaller animals on Dr. Carson's principle. If "A. F. C." will apply to them, I have no doubt they will furnish him with either a sheep or a part of one killed on this plan.

As I have stated before, prejudice against the mode is so great, more particularly amongst the butchers themselves, that it is almost impossible to get the system adopted by private enterprise.

Were a Joint-Stock Company (Limited) established to take the system in hand, I have no doubt in a very short time complete success would be achieved.

Yours, &c.,

January 7th, 1865. A PHYSIOLOGIST.

An Earnest Enquirer.—The reason usually adduced for the extension of the law of privilege of secrecy to the solicitor and to counsel, and not to the medical confidant, is the following as taken from "Taylor on Evidence":—

> "If such communications (to legal advisers) were not protected, no man would dare to consult a professional adviser with a view to his defence or the enforcement of his rights, and no man could safely come into court either to obtain redress or to defend himself." Lord Brougham is reported to have expressed himself as "unable to see the reason for this difference."

AMENDMENT OF THE MEDICAL ACT.

Justitia considers two principal amendments to be required, and makes the following suggestions:—

> "1. Registration should be made compulsory, and should qualify for all manner of appointments, medical and surgical; and this whether the titles registered be one or many, surgical or medical. The one-faculty system is, after all, the only sound and dignified one.
>
> "2. Quackery, or unregistered practice, as it cannot be suppressed altogether, should be taxed in some fair and reasonable measure. Why should the quack be exempted from contributing of his ill-gotten gains, to obtain which costs him nothing, while the regular and qualified practitioner has to expend so much time, labour, and money to satisfy the State? In common justice, the advantage should no longer be given to quackery and imposture. 'Fiat justitia ruat cœlum.'
>
> "Though no lawyer myself, I could easily draw up a few clauses of an Act which would reverse the relations of the two classes of practitioners. Let evidence on oath be compulsory on all who can give it before two justices of the peace as to any case of unregistered practice, and then let a penalty be imposed of such an amount as would prove an effectual check, and compel the offender to disgorge a large proportion of his gains.
>
> "Let not the Medical Council be startled at the proposal. It is only fair, I repeat, that the two classes should compete on somewhat equal terms; and the patrons of quackery cannot complain if they are obliged to pay handsomely for what they must prize so highly.
>
> 'For sure the pleasure is as great
> Of being cheated as to cheat.'

In fine, either let the registered practitioner prosecute in his own defence, or let the Registrars of districts be bound to do so, and let a considerable proportion of the penalties go to increase their emoluments."

IF *M. A. B.* will read the paper in the *Popular Science Review*, she will find most of her questions answered.

THE UNIVERSITY OF PISA.

Enquirer asks—"Can any of your readers inform me if I can pass, in English, the examination for M.D. at the University of Pisa? What sort of examination is given, and what amount of learning required? I am a member of the College of Surgeons, London, and I believe this is the sole certificate required.

"THE MISSING MINUTES."

F.R.C.S.—Of course the "minutes" of the Council of the College of Surgeons should have been published long ago, and with "gentle pressure" they will yet be. The reluctance to publish them is quite absurd. When issued, we have reason to believe that they will not be worth much; for a great deal of trouble has, it is said, been taken to eviscerate them as much as possible, and to dry the skeleton—a process which, of course, is well understood in this home of anatomy. However, it will be interesting to have even the dry bones to begin with. No doubt the mythology would follow in time.

A Workhouse Medical Officer.—We should recommend low diet, and the avoidance of all kinds of stimulants.

DIPHTHERIA AND DIPHTHERITIC DISEASE.

To the Editor of THE LANCET.

SIR,—In THE LANCET of December 17th, you say, when reviewing Dr. Walker on Diphtheria, "Pneumonia is not a terrible disease, but one which, occurring in anything like a healthy subject, and treated with anything like judgment, will, in the absence of organic disease of other organs, almost invariably do well."

Now, Sir, I am a very sensitive man, and have a widely spread country practice over the Surrey hills, where pneumonia is very common, and sometimes I bleed or leech, and give veratrum viride, and, on the whole, with success; but lately Dr. Richardson has very strongly advocated the alkaline treatment in this and other diseases. Will you kindly answer in your next if this is the treatment you meant; also what other diseases might be treated with alkalies. Your obedient servant,

January, 1865. ANXIETY.

*** The antiphlogistic method of treating pneumonia has gone out. We refer our correspondent to the works of Drs. Bennett, Chambers, and others for a more physiological and much more effective method of treatment.

UNIVERSITY DEGREES.

A CORRESPONDENT writes to us as follows:—

"Allow me to add my complaint to that of "L.R.C.P. Lond.," in your impression of Dec. 24th, against that clause in the rules of our Universities requiring residence for more or less time before a candidate is eligible to take the degree of M.D. I (as many others doubtless) deeply feel the injustice of this; for when I was a student at the hospital my means were limited, and it was absolutely necessary that I should become qualified as soon as possible to practise for my living, at the same time being unable to pay the fees for a degree; and now I am quite incapable of affording time for residence, being possessed of a practice which requires my whole attention, so to leave it would be utter ruin. On the other hand, I am opposed to examinations merely nominal. Let them be, however, strict on those subjects relating to the profession, and I am sure many with myself will not prove unworthy of this consideration; but as it is, unless this concession is made, I am for ever debarred from those honours, whatever my ability may be, which fall to my more wealthy brethren. It was the want of money at one time which prevented me from taking a degree; it is the want of time now. Lastly, I think the public ought to have a guarantee of a man's ability and talent to occupy a position as a medical man, and not merely that he is a man of some means."

L.R.C.P., L.R.C.S.I., L.M., remarks:—

"L.R.C.P. Lond." has really broached the above subject befittingly, and has suggested to Universities a means of increasing the number of their graduates in a manner which, while conferring a title on the successful applicants, cannot possibly take away from their own respectability. Be the examination as difficult as they please; but let not residence in this or that place be as necessary as dissections or hospital attendance, and it will be found that many thus 'covet degrees the examinations for which they are *able* to pass.'"

TREATMENT OF SCABIES.

IN reply to the question of "S. G. H.," *Mr. T. M. Kendall, F.R.C.S.* (King's Lynn), has never found the following to fail as an immediate cure of itch:

"Sulphur combined with lime in a liquid form. It is prepared by boiling one part of quick-lime with two parts of sublimed sulphur in ten parts of water until the two former are perfectly united. It must be constantly stirred during the boiling, and when they have combined, the fluid is to be decanted, and kept in a well-stoppered bottle. Wash the body well with warm water, and then rub the liquid into the skin for half an hour. It is only needful then to wash the body well, and use clean clothes."

Mr. G. Strutt (Tutbury) recommends the following ointment:—

"Rub down one drachm and a half of iodide of potassium with one drachm and a half of lavender water; then add three drachms of precipitated sulphur and two ounces of lard. Mix well together, and rub well on the parts affected for three consecutive nights. On the fourth night the patient to be well washed with soap and water, and the linen changed. Of course the usual directions must be given for scalding the linen and baking the cloth clothes. When the surface is extensive, I generally prescribe the compound or simple sulphur ointment; but if both these are very strongly objected to, I have recourse to the white precipitate ointment, or a solution of bichloride of mercury in rose water. There are three or four formulæ in Paris's Pharmacologia, p. 505, vol. ii. I heard of a family some short time ago who had cured themselves with gunpowder mixed with lard."

TREATMENT OF HYDROCELE.

Dr. William Jollie (Gateshead-on-Tyne) recommends the following plan, which he has followed for some years, and invariably with success, even after failure with port wine, &c.:—

"I tap the hydrocele by trocar and canula in the usual way, draw off the fluid, and then introduce through the canula into the cavity of the tunica vaginalis a common surgeon's probe, which has been previously coated for an inch of its length with nitrate of silver. I prepare the probe by heating the extremity to a dull red heat in the flame of a gas-light, and placing it in a little finely-powdered nitrate of silver, and then again subjecting the probe to the heat, so as to form a smooth coating to the instrument. If your correspondent and other surgeons will make use of this method, they will, I have no doubt, quickly, effectually, and cheaply relieve their patients of a troublesome complaint."

A Subscriber, (Manchester.)—We regret our correspondent experienced any inconvenience. The publication of THE LANCET last week was delayed a short time, owing to an accident. That number consisted of *one hundred and twelve columns*, and of entirely new founts of type.

WE are unfortunately compelled, from the pressure upon our space, to postpone until next week the review of the official reports on the Physical Condition of Milliners and Dressmakers.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Jenner; Dr. Granville; Dr. Basham; Dr. Braxton Hicks; Dr. Roberts; Mr. Scaife; Mr. Dick (with enclosure); Mr. Yates; Mr. Barling; Mr. Cunliffe (with enclosure); Mr. Baker (with enclosure); Dr. Jackson, Balasore; Mr. Henson, Manchester; Mr. Bradley; Mr. F. Skipp (with enclosure); Mr. J. Hooper; Mr. Nicholls; Mr. Fitzgerald, Cork; Mr. Evershed, Ampthill; Mr. Harris, Botley; Dr. Norton, Wateringbury; Lady Brydges, Presleigh; Mr. Bradshaw, Sierra Leone; Dr. Sisson; Mr. Mitchinson; Dr. Fielding, Blandford; Mr. Hutchinson, Liverpool; Mr. Costin; Mr. Gell; Dr. Alexander, Halifax; Mr. Lund; Dr. Hawkes; Mr. J. Dickinson, Wrexham (with enclosure); Mr. Teague; Mr. Smackson, Havant; Mr. T. O. Walker; Mr. Cargenven; Dr. Crisp, Chelsea; Mr. Dalton (with enclosure); Mr. Stride; Mr. Johnson, Cambridge; Mr. Prangley (with enclosure); Mr. Moreton (with enclosure); Mr. Denne; Mr. J. Turpin; Dr. Smart; Mr. W. Williams (with enclosure); Mr. Marshall (with enclosure); Mr. Whitmarsh; Mr. Vallance; Dr. Beales; Dr. Sutherland, Castletown; Dr. Morson (with enclosure); Dr. Oliphant, Chester; Mr. King; Dr. O'Flanagan, Miltown (with enclosure); Mr. Lees; Mr. Whitford; Mr. Farnall; Mr. Davey; Mr. Hunter, Manchester; Dr. Hewan, Edinburgh; Mr. Bond; Dr. Robertson, Scarborough; Mr. Earle, Birmingham; Dr. Ellis, Newcastle; Dr. Mackreth, Ulceby; Mr. Morton, Brightside; Mr. Bickersteth; Mr. Delane; Mr. Graham; Mr. Longueville; Dr. Williams, Norwich; Mr. Newton; Mr. Farrow, Ingham; Mr. Perring; Mr. Fenn, Newick; Mr. Snell; Dr. Gray, Glasgow; Mr. Bourn; Dr. Clarke, Walsall (with enclosure); Mr. Coleman; Mr. Cooper, Bury; Dr. Allison, Londonderry; Mr. M'Dermott, Kinsale; Mr. Woodward; Dr. Adams (with enclosure); Mr. Laidlaw; Dr. Jollie, Gateshead; Mr. Hewitson, Allenheads; Mr. Howard; Mr. Birt (with enclosure); Mr. Ghill; Mr. Bryan; Mr. Bird, Bunbury; Messrs. Arthur and Co.; Mr. Lomas; Mr. Lewis; Mr. Locking; Mr. Nairne, Perth; Mr. Grant, Longside; Mr. Wright; Dr. Budd, Clifton; Dr. Reed; Mr. Oliver, Montreal; Mr. F. Morgan (with enclosure); Omega; Royal Institution; Chirurgicus; One of the Victims; J. H.; Sigma; A. B.; F.R.C.S.; Royal College of Physicians; N. K.; M.D.; X. Y. Z.; Enquirer; M.; B. L. (with enclosure); A Medical Student; Anthropological Society; Physiologist; Dicotyledonous; W. A. S.; M. A. B.; Fair Play; A. B. C.; A Subscriber of Twenty-five Years; International Reformatory Exhibition; H. B.; A Young Man; An Admirer of Liebig; &c. &c.

THE *Birmingham Daily Gazette*, the *Hampshire Independent*, the *Staffordshire Advertiser*, and the *Hereford Journal* have been received.

Medical Diary of the Week.

Monday, Jan. 16.

ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, Jan. 17.

GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Electricity."
ANTHROPOLOGICAL SOCIETY OF LONDON.—8 P.M.
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.

Wednesday, Jan. 18.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.

Thursday, Jan. 19.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
LONDON SURGICAL HOME.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Electricity."
HARVEIAN SOCIETY OF LONDON.—8 P.M. Dr. H. C. Stewart, "On the Diagnosis of Embolia affecting the great Vessels of the Heart, with Cases."

Friday, Jan. 20.

WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Combustion by Invisible Rays."

Saturday, Jan. 21.

ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Marshall, "On the Nervous System in Man and Animals."
METROPOLITAN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.—7½ P.M.